y item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. INS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact tement of OCCUPATION is very important. See instructions on back of certificate. ECORD WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMA MARGIN RESERVED FOR BINDIN N. B.

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	/ County Baltimore.	CERTIFICATE OF DEATH
		Registration Dist. No. 35
	Village or Gity White Hather md.	St.: Ward) (If death occurred in a hospital or institu-
TILCA	2FULL NAME James Franklin	almony tion, give its NAME is stead of street and number.)
Cen	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	male white SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 23, 1934 (Month) (Day) (Year)
uo su	6 DATE OF BIRTH NW 35, 143-4	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to may 23, 1923/
nstructio	7 AGE (Month) (Day) (Year) 7 AGE If LESS than day	
1. 266 11	(a) Trade, profession or particular kind of work (b) General nature of industry	Valbular Heart Disease
in portar	business, or establishment in Fournam Bacto Co. Roal, which employed or (employer) Fournam Bacto Co. Roal, 9 BIRTHPLACE (State or country) Bacto Co. Inc.	Contributory Insmitis 1 might beg- Secondary (Duration) yrs. 2 mos. ds.
is very	10 NAME OF FATHER agusta almoney	(Signed) By Shumanting M. D. 5-23 1931 (Address) Sparks Ind
	C (State or country) Bacts Co. Ind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Regard Sampson 13 BIRTHPLACE OF MOTHER (State or Country) Back Co. Incl.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
	(Informant) Grace P. armacust.	Where was disease contracted, if not at place of death? Former or usual residence
	(Address) mortow Ind	New Market Ind Mary 1.6, 1931
,	Filed May 24 1984 M. Bestue ma	P. Markeline Low White Hall Ind
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DESEC

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has, been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic and consequences (e. g., sepsis Example: Measles (disease etc. affection need valvular heart disease; Nomenclature The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE	OF	DEATH	
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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 3-3
Village or City Reisterstown Md No. Millage	tion, give its NAME in-
2FULL NAME Mr. William are	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Single, Married Wildowed. White Write the word)	16 DATE OF DEATH May 1 , 193/ May (Month) / (Day) 183/(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
January 1 1891	Oct. 30 1930 to May 1 , 1921,
(Month) (Day) (Year)	that I last saw h by alive on May 1, 193/,
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at 2.45 A.m. The CAUSE OF DEATH * was as follows:
40 yrs. 3 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
BIOCCUPATION	
(a) Trade, profession or	Julmonary Tuberalosis
particular kind of work	
(b) General nature of industry	5
business, or establishment in which employed or (employer) Tarlor	(Duration) 3 yrs, mos ds,
	Contributory
9 BIRTHPLACE (State or country)	Secondary
Mussia	(Duration) yrs, mosds.
10 NAME OF FATHER Q	(Signed) albert Fr. This M.D.
Morns wereng	Man), 1931 (Address) Reisterstown Hel-
U II BIRTHPLACE OF FATHER	
Z (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of Mother Celia -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	
OF MOTHER RANGE	At place of death yrs. 6 mos. ds. In the 3 5 yrs. mos. ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former of Market of death.
	usual residence 20 11 Washington IT. 1 Jalumore
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Helver Conetery, 5/1, 1931
15 7- 1 2 2222 10 - E	2D UNDERTAKER ADDRESS
15 Filed May (19231 Strallase	1439 6. Batter
(Kegistiai	your ferry
If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term or or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia (b)

spinal meningitis"); Diphtheria (avoid use of "Croup Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> permanently filed answered in detail,

ential

ie certificate is a I questions

All the

stated unless important. Example: Measles (disease carbolic acid—probably sucide. The name of general fracture of skull, and the read of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, approved by Committee or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Ass Examples: Accidental drowning; Struck by railway train "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. If this certificate is "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mcre symptoms or terminal condior intercurrent) affection need " "Marasmus, " "Old Age, " "Shock, cough; Chronic valvular etc. The Always qualify all enclature heart disease contributory not be

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. Length of residence In city or town where death occurred_ statement 2. FULL NAME Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Months 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, may should SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... instructions Other Contributory Causes of importance: (State or country) FATHER Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an autopsy?____ be carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important in Accident, suicide, or homicide? ___ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very 17. INFORMANT OF (Address) 18. BURIAL, CBEMATION, OR REMOVA Manner of injury WRITE S CAUSE mation LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify B. (Signed) 20, FILED May 5: 19 3 (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of double and related sauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	Al
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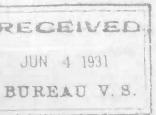
[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeeper's fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various parsnits can be known. The question (a) Spinner, For many ocenpations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asthre of the American Medical Association.) canse of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," ete. State "Exhaustion," Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death eccurred in a hospitel or institution, give its NAME insteed of street end

number.)

HEREBY CERTIFY, That I attended the Meccased (Address) Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the State ... yrsnios DATE OF BURIAL ADDRESS

(Approved by U. S. Census and American Public Health Association.)

en at home, tion applies to each and every person, irrespective of Spinner, additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter. fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day should be used only when necded. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer [reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return 'Laborer,'" (Forcman," "Nanager," 'Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Compositor, Architect, who are engaged in the duties of the For persons who have no occupation-(b) Automobile factory. The material Salesman. (b) -Coal mine, ctc. Wom-Locomotive engineer Grocery

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same acceptaled term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Ineumonia"); Lobor yneumonia. Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not he inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., or (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A like duta is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF WIDOWED. OR DIVORCED (Write the word) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated abou I day hrs. The CAUSE OF DEATH * was as follows: RESERVED or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in UNFADING which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME IR LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathds. (State or Country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE Former or usus residence BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKE If more branks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

tion applies to e.ch and every person, irrespective c fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never rcturn "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The husiness or industry, and therefore an Salesman. (b) Grocery; material

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinktheria (avoid use of "Croup"); Simulation of the same dise-se. Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st_ted unless important. "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as-fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy." "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature " "Heart failure," "IIaemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Colton mill; (a) Salesman, nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia")

> Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrbage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic " "Coma," "Convulsions, etc. valvular heart disease; The contributory Measles ;

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5

PLACE OF DEATH

STATE OF MARYLAND

OF BURIAL

(Approved by U. S. Census 2nd American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farmt laborer, without more precise specification as Day Cotton mill; (a) Salesman, (b) Automobile factory. The materia Laborer-Coal minc, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Heart Imure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; 1. shopneumonia (secondary), stated unless importan+ use of "Tumor" for malignant neoplasms"; Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemic" (merely symptom-(secondary Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarconia, etc., oi Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as cough; or intercurrent) "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease affection need etc. The valvular heart discase; contributory Measles; not be

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05565

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

_	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH May 3, 1923/
0	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1923 (. to
an	and that death occurred on the date stated above, at SO a.m.
1.2	The CAUSE OF DEATH * was as follows:
77.	Carcinin of retestine
	(Duration) yrs / mos ds. Contributory Juantics
_	(Signed) Office M. D. (Signed) Address The Disease Causing Death, or In deaths from
_	*State the Disease Causing Death, or, In desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	if not at place of death?
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS ADDRESS
	Wm C Busply & Son Sparles Mil
ar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. valvular heart Always qualify all The contributory not be disease;

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[Approved by U. S. Census and American Public Health Assn.]

who have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons of illness. If retired from business, that fact may be EASE CAUSING DEATH, of the household only (not paid Housekeepers who etc. Women at home, who are engaged in the duties "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of occupation is very important, so that the relative has been changed or given up on account of the DISpersons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occupat wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as House-Never return "Laborer," "Foreman," "Manager," Foreman, (b) Automobile factory. The material worked on may form part of the second statement. vided for the latter statement; it should be used work and also (b) the nature of the business or inword or term on the first line will be sufficient, e. g., respective of age. For many occupations a single be taken to report specifically the occupations of fully employed, as At school or At home. Care should Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, The question applies to each and every person, irhealthfulness Statement of Occupation.—Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) and therefore an additional line is pro-Cook, Housemaid, etc. If the occupation of various pursuits state occupation at beginning can be known. as

Statement of Cause of Death.—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," Chronic valvular heart disease; tion. nephritis, etc. The contributory (secondary or intermalignant neoplasms); Measles; Whooping cough, "Cancer" is less definite; avoid use of "Tumor" for on Nomenclature of the American Medical Associastatement of cause of death approved by Committee the head of "Contributory." sequences (e. g. sepsis tetanus) may be stated under Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and conamples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as prob For violent beaths state Means of injury and qualisulting from child birth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State certained as the cause. Always qualify all diseases re-"Weakness," etc., when a definite disease can be ascurrent) affection need not be stated unless important -accident; Revolver wound of head-homicide; (Recommendations on Chronic interstitiat

ADDITIONAL SPACE FOR FURTHER STATEMENTS



STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and

MEDICAL CERTIFICATE OF DEATH (Day) HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at *State the I is ase Causing Death, or, in deaths from Yiolent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ADDRESS

DATE OF BURIAL

lf more b.anks are needed, addre. s tate Kegistrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Collon mill; (a) Salesman. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report Foreman, (b) Automobile factory. The material For many occupations a yrs). For persons who have no occupation specifically the occupations of persons enwho are engaged in the duties of the Stationary fireman, etc. But in many single word or term on Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough"; by Committee on Nomenclature of the Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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THE PROPERTY OF THE PROPERTY O	N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PH. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH. County Ballungs	STATE OF MARYLAND CERTIFICATE OF DEATH
00	Registration Dist. No. 33
Village or City Hyndor (No. 18 1	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME My Ella Pricy	Brooks tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, MIDO	16 DATE OF DEATH /// 5 /93/
6 DATE OF BIRTH QUE 14 1848	17 I HEREBY CERTIFY, That I attended the deceased from 2011 1921 to May 2/9 8/, 192
(Month) (Day) (Year)	that I lost saw h & Talive on Most 2'1981 192 ,
7 AGE IFLESS than	and that death occurred on the date stated above, at 31377 m,
8 2 yrs. 8 mos. 5 ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or	
particular kind of work 2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
business, or establishment in which employed or (employer) M Horny	Contributory Delication of proof
9 BIRTHPLACE (State or country) Mass of and	Secondary 12 frus
10 NAME OF JULIU 2 1800 PKS	(Signed) Jan M. D. May 6 192 (Address) Cachegollo M.D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER PLUS IN Democre	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Classical My Formy Myniffiet	Former or usual residence
(Address) Glyndar MII mo	Block Rock Cemetary May 7, 1934
Filed Way 6, 1981 H. TH. Slade. Registrar	Countertaker C. Devoles & Son Spules, red
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Form loborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronicetc. valvulor heart disease; The contributory

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(If death occurred in

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number.)

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health er," et., Without more process of mine, etc. Wom-laborer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman (b) Grovery; (a) Foreman, (b) Automobile factory. The insterial should be used only when needed. As examples: (a) additional line is provided for the latter statement; if cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serrant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Stationery fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed played, as At school, or At how. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Wever return 'Laborer,'" Foreman," "Manager." "Dealwhatever, write None. For many occupations a single word or term on Locomolive engineer

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrostinal fever (the only definite synonym is "Epidemic eerebrostinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia.")

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSKIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement, of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. N P

MARGIN RESERVED FOR BINDING

V. S. No. 1

County Baltimore County Baltimore No. Baltimore Village or Giptudo Wood SANATORIUM, TO WSON, MD.No. Langth of residence in city or town where deeth occurred S. Moving in U.S. if of foreign birth years and number) Langth of residence in city or town where deeth occurred S. Moving in U.S. if of foreign birth years and number) Langth of residence in city or town where deeth occurred S. Moving in U.S. if of foreign birth years and number) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGEL MARRIES, MOVED ON BR. DIVOKED Curric the word) PERSONAL AND STATISTICAL PARTICULARS 58. If married, visioned, or divorced County of the Word Office Of	STATE OF MARYLAND	CERTIFICATE OF DEATH
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PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DYNOKED Comits the word) Se. If married, widowed, or diverced (or) wife to word (or) wife of New Year) Se. DATE OF BIRTH (month, day, and year) S. Trade, profession, or particular (month) S. Marticular (m	(a) Residence: No. 26 42 M. Calnert	
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Se. If married, vilowed, or divorced HISSANC of HISSANC		
Se. If married, widowed, or divorced Husband of Coay Wife of Kenneth Coay Bear Co		21. DATE OF DEATH
HUSBAND of (or) WIFE of Nemette Campbell 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day. hrs. or min. 8. Trade, profession, or particular were as follows: 9. Industry or business in which work done, as SPINNER, SAMYER, BOOKKEEPER, etc. 9. Industry or business in which work were dane, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation, months and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT: PUDOWOOD SANATORIUM, TOWSON, MIL 18. BIRTHPLACE (EMMON), OR REMOVAL PIECE 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Months Days 11 LESS than 11 Last saw h elive on 11 last saw h 11 last saw h elive on 11 last saw h		(Month) (Oay) (Year)
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Place Oate Oate Nature of injury 19. UNDERTAKER Address Oate Oate Oate Oate Oate Oate Oate Oate		Manage of lature
19. UNDERTAKER (Address) 24. Wes disease or injury in eny way related to occupetion of deceased? If so, specify (Signed) M. O.	1) mmes 1 / m 3/ X 3/	
(Address) 3000 E Balto II so, specify (Signed) Mallette M. O.	to All Daha	
20 FUE Hay 5 1031 Well Beet (Signed) NU Willel M. O.		
	MIN - May 1/2	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
	20. FILEO 1821 5 , 1931 Wal . Chelle	(Signed) (Signed) (Signed)
If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	Alf Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes pate of onset		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IIII	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		the second of the second second	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from whatever. write Nouc. business, that fact may be indicated thus; Famer (reor given up on account of the DISEASE CAUSING DEATH. Howemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewije, Househousehold only not paid Housekeepers who receive a en at home, who are engaged in the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the Eusiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as (a) the kind of work and also (b) the -Coal minc, etc. Womduties of the (6) Grocery;

si inal meningitis"; Linhtheria ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EA: 2 CAUSING DEATH the primary affection with respect Strucine at of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia avoid use of "Croup"); ("Pneumonia,

permanently filed.

answered in detail, it will prevent further correspondence. All the : telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepses, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the eause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all quations interstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baile., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

eated thus: who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Collon mill; (a) Salesman, If the occupation has As examples: authorized by ttendame e letter

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, perilonacum, etc., Carcina.

childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease eausing death), 29 affection need not be stated unless important. etc. The contributory, (secondary or intercurrent) valvular heart disease; Chronisi interslitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a defiuite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallgtetanus) may be stated under the head of Always qualify all diseases resulting (Recommendatious on statement of "Dropsy," State cause for "Exhaustion," Neverreport For VIO-

V. . S.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

under Dr.

Jenifer.

BUREAU V.

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PLACE OF DEATH	STATE OF MARYLAND	
County Bulb	CERTIFICATE OF DEATH	
R 0111:10 de	Registration Dist. No. 42	
Village or City Ball Highlands 2	Ward) (If death occurred in a hospital or institu-	
² FULL NAME	stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 30, 1923/ (Mony) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from	
May 30 1931		
(Moran) (Day) (Year)	that I last saw halive on, 192,	
7 AGE If LESS that I day hrs. yrs	The CAUSE OF DEATH * was as follows:	
e occupation (a) Trade, profession or	3 ms abotem.	
particular kind of work	premature	
business, or establishment in	(Durstion) yts, mos, ds.	
which employed or (employer)	Contributory	
9 BIRTHPLACE (State or country) Ball Co Ind	Secondary (Duration) yre mos de.	
10 NAME OF B. Frankles Croft	(Signed) My D.	
() 11 BIRTHPLACE	May 30.1931 (Address) 42 Leede a	
C State or country) OF FATHER (State or country) Dalts made	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Sleans Dottom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.	
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	Former or usual residence	
(Informant) Eleanor Croft	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) Ball Hyllands	No. 1. 19	
15 File May 30 1934 Sestration	20 UDERTAKER Part ADDRESS	
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooks work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrogrinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> American Medical Association.) Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, menhritis, etc. The contributory Example: Measles (disease Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Diet	No.	U	4
Registration	Dist.	No.	7	

llage or City Foolgs Florest (No.	RAD yporrouses/	_
2FULL NAME Russell Cru	1.	1

(NC)

q (If death occurred in a hospital or institution, give its NAME Instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White the word) 3 SEX 4 COLOR OR RACE MARRIED, Jung (1) WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry husiness, or establishment in which employed or (employer)	Contributory Contributory (Duration) yes mos de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) WILLY R BOWN Death, or, in deaths after Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 10 MOTHER (State or Country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of deathyrsmosds. Stateyrsmosds
(Informant) Wen PMC Coffee	Where was disease contracted, if not at place of death? Former or usual residence
(Address) alympu Perm	19 PLACE OF BURIAL OR REMOVAL May 28, 19 3
Filed may 28 198 John G. Cornelly	24 Conneller Errich

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer Trestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Campositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons-enployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-grant fever (the only definite synonym is "Epidemic cerebro-sqinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(a) tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Nanaition," "Marasmus," "Old Age," "Shock," American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; Nomenclature The contributory of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must he obtained before the certificate is permanently filed.

V. S. No. 1

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3 Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PH	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. E	statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Raltimore	Registration Dist. No. 4I
Village or City Colgate (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME it- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female White Single Wildowed. Single (Write the word)	16 DATE OF DEATH MAY 13th 1931 , 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 7th , 1.030 (Month) (Pay) (Year)	
7 AGE If LESS the l day he or min	end that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Lobar Pneumonia
(b) General nature of industry business, or establishment in which employed or (employer)	Dr, Sahler M. Greenberg. (Durstion)
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) yrs
10 NAME OF FATHER George Charles Davis. 11 BIRTHPLACE OF FATHER	(Signed) (Signe
T 12 MAIDEN NAME	Trans
of Mother Margaret Elsie Dochtema 13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	At place of death yrs mos. ds. State yrs mos ds.
(Informant) Margaret E. Davis. Mother	if not at place of dea.h?
(Informant) Margaret E. Davis Mother (Address) Eastview, Colgate Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/15/31, 19
Filed 5/14/9/192 / Macrice Registrar	30 UNDERTAKER George W.Zirkler Baltimore.
	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimena. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

" telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EXACTLY, PHYSI- y classified. Exact	Village or City Catorieville (No. Prokered	CERTIFICATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
ED FOR BINDING CHIS IS A PERMANENT REC plied. ACE chould be stated E rms so that it may be properly instructions on back of certime	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIEL, WIDOWILL, OR DIVIDUO (Write the word) 6 DATE OF BIRTH 7 AGE 1 Solution (Write the word) 7 AGE 1 Solution (Write the word) 1 Solution (Write the word) 1 Age 1 Solution (Year) 1 Age 1 Solution (Year) 1 Age 1	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, Phat I attended the deceased from 1931, to 1931, and that I last saw has alive on 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and 1
N.S. No. 1 RITE PLANLY, WITH UNFADING INK1 N.BEvery item of information should be carefully supportant should state CAUSE OF DEATH in plain te statement of OCCUPATION is very important. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEL MARE OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed 193 Registrar If more branks are negatily address state Registra	(Signed)
b Z	If more blanks are needed, address state Registra	r, 10 W. Safatoga St., Saito, Royalesting 17 S.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, House-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation not gainfully em-(b) Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Ccrebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> Recommendations on statement of cause of death "delanus) may be stated under the head of "contributory." - American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile" "Exhaustion," "Heart failure," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, etc. by cough; Committee on Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, volvular heart Nomenclature The contributory Always qualify all disease;

permanently filed Tanswered in detail, it will prevent further correspondence. All the Lylate is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05577
/ E	County Balting Co	Desiration Not No. 162
should f	11 111	Registration Dist. No.
item sho	Village or City Halethory	No. 20 Carrella Carrella St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
20	Length of residence in city or town where death occurredyrsmos	
RD. Every YSICIANS statement	2. FULL NAME 4 months foetus	Wilow
	(a) Residence: No. 20 Cowilled are	St., Ward.
	(Usual place of abode)	ff nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
\$ 5 .	AND Colombite OR DIVORCED (write the word)	(Year)
DING IANEA A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
BIND) 'ERMA EXA' EXA' y class te.	6. DATE OF BIRTH (month, day, and year) May 2, 1931	I last saw h alive on 19 ; death is sal
FOR B IS A PE stated E properly ertificate	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
FOR B. IS A PE stated E properly certificate	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
SH se be	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
G INK—TIIIS GE should be that it may be one on back of	9. Industry or business in which	
SERVI NK_T should it may n back	SAW MILL, BANK, atc	
ESI IN E s at it	1D. Date deceased last worked at this occupation (month end yeer)	
RES NG I AGE that that		Other Contributory Canses of importance:
ADING AG. AG. S. so the	12. BfRTHPLACE (city or town) (State or country)	
MARGIN RI I UNFADING supplied. AGI n terms, so tha	13. NAME Joseph George Dekon	
	E O O O O	Name of operation
S ai	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
. 5 = 5	15. MAIDEN NAME Betrice Julian Levas ne	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Betrice Julian Lerrogase 16. BIRTHPLACE (city or town) Ottaup Ontars.	Accident, suicida, or homicida?
LY THE CO	(Stete or country) Canada	Where did injury occur?
	17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA should OF D	(Addrass)	
Sh sh is v	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Date 19	Nature of injury
Mation s CAUSE TION is	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupetion of decaased?
V.S. N. B.	20. FILED Way 8,134 De Stuke ffe	(Signed) Lawrence & Miller M. G. (Address) Rolling Rd Francis Care
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Relay, Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (1. ?	1921	Run over by street car	1 week ago
Corebral hemorrhage 3 BUREAU V 8	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

causing death, state occupation at beginning of illness. If retired from business, that fact may be gaged in domestic service for wages, as Servant, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, borer, Laborer-Coal mine, etc. Women at home, more precise specification, as Day laborer, Farm laof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without man, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part amples: (a) Spinner, (b) Cotton mill; (a) Salesment; it should be used only when needed. As exan additional line is provided for the latter statenature of the business or industry, and therefore Stationary fireman, etc. But in many cases, escient, e. g., Farmer or Planter, Physician, Composiperson, irrespective of age. For many occupations a single word or term on the first line will be suffisons who have no occupation whatever, write None, without explanation, as the sole cause of death: indicated thus: Farmer (retired, 6 yrs.). For perchanged or given up on account of the DISEASE report specifically the occupations of persons enwho are engaged in the duties of the household pecially in industrial employments, it is necessary the relative healthfulness of various pursuits can be statement of occupation is very important, so that Cook, Housemaid, etc. If the occupation has been STATEMENT OF OCCUPATION .- Precise Architect, Locomotive engineer, Civil engineer, The question applies to each and every

gitis"); Diphtheria definite synonym is "Epidemic cerebrospinal menindisease. Examples: Cerebrospinal fever (the only using always the same accepted term for the same mary affection with respect to time and causation), phoid fever (never report "Typhoid pneumonia"); Name, first, the disease causing death (the pri- Haemorrhage, Gastritis, STATEMENT OF CAUSE OF DEATH .pneumonia; Broncho pneumonia ("Pneu-(avoid use of "Croup"); Ty-

tory." phy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hæmorrhage," "Innus) may be stated under the head of "Contributure of skull, and consequences (e.g., sepsis, tetaof head-homicide; Poisoned by carbolic acid-Struck by railway train-accident; Revolver wound mine definitely. Examples: Accidental drowning; CIDAL, or as probably such, if impossible to deter-INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMIundertaken. For violent deaths state means of "Puerperal septichaemia," Puerperal peritonitis," eases resulting from childbirth or miscarriage, an mia," "Weakness," etc., when a definite disease can anition," "Marasmus," "Old age," "Shock," "Urze-"Asthenia," "Anæmia," merely symptomatic), "Atro-Broncho pneumonia (secondary), 10 ds. Never reample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, neoplasms); Measles; Whooping cough; Chronic less definite; avoid use of "Tumor" for malignant coma, etc., of..... (name origin; "Cancer" is lungs, meninges, peritoneum, etc., Carcinoma, Sarprobably suicide. The nature of the injury, as fracbe ascertained as the cause. Always qualify all dismonia," unqualified, is indefinite); Tuberculosis of The contributory (secondary or intercurrent) State cause for which surgical operation was

mation which give any of the following diseases, Certificates will be returned for additional infor-

Abortion, Phlebitis, Cellulitis, Pyaemia, Miscarriage, Necrosis, Septicaemia, Tetanus. Erysipelas, Childbirth, Meningitis, Peritonitis, Convulsions

possibly involved); Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly Deaths due to accident (if criminal negligence The following must be referred to a Coroner:

V. S. No. 1

PLACE OF DEATH	1.5 STATE OF MARYLAND
County/gallinson	CERTIFICATE OF DEATH
	Registration Dist. No. 44
Village or City Fooley Hover (No. 1)	Marrous. Tanward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME CAOCOCC	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Sungle Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH May 3 198 1 (Month) 3 (Day) / 7 3/(Year) 17 I HEREBY GERTIFY, That I attended the deceased from
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE 28 yrs. // mos. 20 ds. or min.	. The CAUSE OF DEATH * was as follows:
a) Trade, profession or Crane Operator	accidental Alrowning
(b) General nature of industry business, or establishment in Settylem Turk Co	(Durstion)yrsmosds.
9 BIRTHPLACE (State or country) German	Contributory Secondary (Duration)yrs
10 NAME OF Joseph Lloetsch	(Signed Jumas K Draman Get Grows M. D.
OF FATHER (State or country) Lermany	*State the Disease Causing Death, or, is deaths Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANGLETA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Win / Jears Point Mar	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
15 Filed June 5 1981 John G. Connelly Registrat	20 UNDERTAKER ADDRESS Spert
If more bianks are needed, address State Registra	or 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor Al Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	AFECA
1. PLACE OF DEATH	09990
County Ballerrore Registration Dist. No	o. 43
Village or City Raspburg No. Belinda	St., War
(If death occurred in a hospital or institution, give its NAME instead Length of residence in city or town where death occurred	
2. FULL NAME mary Mandaline Engelmann	
(a) Residence: No. Selita da St., Ward.	
(Usual place of abode) If nonresident give city	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF I	DEATH
Beneale White OR DIVORCED (write the word) Beneale White Wedson (Month) (De	, 193
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of George Engelmann 22. HEREBY CERTIFY, That (D) 197(10)	t I attended deceased fro
and the second s	419.7 death is sa
6. DATE OF BIRTH (month, 4dy, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2 2 m.	7, 13-4 / Judatii 15 Sa
82 7 26 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Imp	A 1
8 Trade profession or particular	Date of onse
SAWYER, BOOKKEEPER, etc. 100 Local 1	Oney
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at 11. Total time (years)	
10. Oata deceased last worked at this occupation (month and spent in this	
year) Other Contributory Causes of importance:	//3
2. BIRTHPLACE (city or town) Baltimion of Columnia (State or country)	26 4
13. NAME Walfaans Winkler	
14. BIRTHPLACE (city or town) Name of operation (State or country)	A Date of
What test confirmed diagnosis?	as there an autopsy?
15. MAIOEN NAME Many Weidel 23. If death was due to external causes (VIOLENCE) fill in also	the following:
16. BIRTHPLACE (city or town) Data of in	njury, 19
(Specify city or town, co	ounty and State)
17. INFORMANT Miss Harris Manual Mankley Specify whether Injury occurred In INDUSTRY, in HOME, or in (Address) Bolingham are Bolingham	n PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Holy Redeexus Date May . 2 1, 193.1. Nature of injury	
19 UNDERTAKER Lake Lellich 24. Was disease or injury in any way related to occupation of	deceased?
(Address) 2000 Orleans 1/2 If so, specify.	
20. FILEO 5 127, 1931 9. a. Futy M. B. (Signed) (Address) 7901 Face	eec M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes sollows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		week ago
Chronic interstitial nephritis	1921	Run over by street ear	160L G 141	I week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis		3 days ago
			1451150 42	
			Contraction and an experience of	3
Ol contributory causes of importance:		Other contributory ca	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. The laborer, Laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, whatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory

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V. S. Na. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Haltemore	CERTIFICATE OF DEATH
1		Registration Dist. No. 30
iffeate.	Village or City Catonserllo. Spring	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male White SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH May 5", 198/
s on s	CAN 10 1876	17 THEREBY CERTIFY, That Lattended the deceased from
tion	(Month) (Day) (Year)	that I last saw himalive on May 14, 1921,
nstruc	56 yrs. 1 mos. 5 ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
000	(a) Trade, profession or particular kind of work	Mitral Requisitation
and a	(b) General nature of industry business, or establishment in	(Duration) yrs. 3 mos ds.
n port	BIRTHPLACE (State or country) Man land	Contributory averio - Sclarosco - Secondary
very	10 NAME OF GOD Teelomyer	(Signed) Roll Support M. D.
e i	11 BIRTHPLACE OF FATHER (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
4	of Mother Man McDras ld	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrs
1/2	(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, & Caterroulle
	(Informant) Mrs Brooks	Former or usual residence Catousoille
larous	(Address) 4606 While and Rela	19 MACE OF BURIAL OR REMOVAL ZOT 18, 1931
0	Filed 192 Registral	LO UNDERTAKER ADDRESS AND ADDR
	If more b.anks are needed, addre.s tiste Negistrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness (I various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully eindefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf whatever, write None. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The materia engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," ". "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be approved tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion, Chronic interstitial nephritis, If hooping American N (Recommendations of statement of cause of death approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; ewal Association 'Congenital,' "Senile," etc.), "Dropsy,', "Heart failure," "IIaemorrhage, Chronic Example: Measles (disease etc. valvular heart The contributory Measles; disease;

If this certificate is based over horoughly and all questions answered in denilly will revene the the correspondence. All the data is essentially must be brailed before the certificate is permanently flied.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. . The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Deal-Foreman, For many home, who are engaged in the duties of the (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation occupations a single word or term on

Strtement of Cause of Death—Name, first, the Dis-EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

>) as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E haustion," "Heart failure," "IIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular etc. The Nomenclature heart contributory disease;

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Si-

PLACE OF DEATH

PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
	rol Ave & Registration Dist. No. 44
	orth Point Roadst.: 26 tward) (if death occurred I a hospital or institution, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 24th , 1923 (Month) (Day) (Year)
May 24th , 1931 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from May 24 19231 to May 24 19231 that I last saw h im Dead May 24 19231
Still Born. ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
Colgate, Md. 10 NAME OF FATHER William Triedel	(Signed) Hauce B. Littler M. [May 25 1923/ (Address) 315 S. Highland A
OF FATHER (State or country) Baltimore, Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarah Watson. 13 BIRTHPLACE OF MOTHER (State or Country) Baltimore, Md,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs ds.
(Informant) William Friedel. (Address) Colgate, Md.	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Johns Hopkins Emb. Dept. May 25910
15 Filed May 26th 1931 G. H. Comice In	2d UNDERTAKER ADDRESS
If more hanks are needed, addre, a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day specifically the occupations of persons en-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "PUERPERAL scplicaemia," "PUERPERAL peritonilis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all by Committee on Nomenclature of the "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	STATE OF MARYLAND	CERTIFICATE OF DEATH 05585	
a of infor	1. PLACE OF DEATH County Balto.	Registration Dist. No. 3 8	
iten sh of	Village or City Parkvible (If	No. We Cloughtly Rd St., Warddath occurred in a hospital or institution, give its NAME instead of street and number)	
CORD. Ever	Congress of residence in congress of the congr	ds. How long in U.S. if of foreign birth?mosds UST Ward. If nonresident give city or town and State	
RECOI PHI Sxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH 25 TK (Month) (Day) (Year)	
BINDING ERMANEN EXACT y classified te.	5a. If merried, widowed, or divorced HUSBAND of Marie E. Gerstmyer	22. MI HEREBY CERTIFY. That I attended deceased from 15 1981 to 1000 25 198	
- T E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated abovo, et . 7	
- 70	8. Trade, profession, or particular min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
SRVED K—THIS hould be may be back of	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	aftergranton degenerate	
ISE IN IN IT IT IT IT IT	10. Date deceased last worked at this occupation (month end year)	Other Contributory Causes of importance:	
IN DIP	12. BIRTHPLACE (city or town). Granuary	Demis Debiles	
MARGIN UNFADI supplied. a terms, sc	13. NAME ULL KNOWN		
FH I I See	14. BIRTHPLACE (city or town) Syrunaury	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?	
A, WI carefull TH in pl	15. MAIDEN NAME NUKNOWN	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?	
be EAT imp	15. INFORMANT Frusy P. Grantmy:	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
E PL shoul OF	18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREM	Manner of injury	
-WRITE mation s CAUSE TION is	19. UNDERTAKER Win Cook Paul of	Nature of injury 24. Was disease or Injury in any way related to occupation of deceased?	
N. N.	20. FILED 5/25, 1931 Q. W. Bacone Registrar.	(Signed) Oldery a Constant M. (Address) 303 Haghad Rd	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
1			
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

(Year)

Date of onsot

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		TO IN	
Other contributory causes of importance:		Oller contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteril	1 year
		1484	
		THE PARTY OF THE P	

ADDITIONAL SPACE FOR FURTHER STATEMENTS DY PHYSICIAN

BINDING

FOR

MARGIN RESERVED

No.

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Example I The principal cause of death and related causes. Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	401 2 1031	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Corebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	'1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH PLACE OF plnods Registration DistaNo. e Village or City near (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death courred ______yrs.___ How long In U.S. if of foreign birth? 62 yrs. 4 mos. ___mos... (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months If LESS than to have occurred on the date stated above, at 1 day The PRINCIPAL CAUSE OF DEATH and related causes of importance or mig. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ____ 12. BIRTHPLACE (city or town (State er country) FATHER 13. NAME (State or country) carefully What test confirmed diagnosis?. MOTHER important. 15, MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR Manner of injury CAUSE -- Date. Nature of injury 24. Wes diseese er init 19. UNDERTAKER If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

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data

ent further correspondence.

obtained before the certificate

"PUERPERAL septicaemia," "PUERPERAL peritonitis, Amenca approved Recommendations tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart Tailure, Liaemorinege, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, II t "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Medical Associ cough; by Comoutt or intercurrent) non Chronic statement of cause of tion.) e on Nomenclature Example: Measles (disease over thoroughly and all questions " "Coma," "Convulsions," The nature of the injury, etc. affection need valvular heart disease; The contributory not be etc., of

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PLACE OF DEATH	STATE OF MARYLAND
County Balterings	CERTIFICATE OF DEATH
	(131) Registration Dist. No. 30
Village or City Calousuelle (No. 84 lue 2FULL NAME Jahn I Hayes	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec 27, 1869	1923/. to may 3 , 1923/,
(Month) (Day) (Year)	that I hat saw h Malive on
7 AGE If LESS than I day hrs. day hrs	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
Va) Trade, profession or particular kind of work	Chrone Bughts disease
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)bmosds,
9 BIRTHPLACE (State or country)	Contributory Secondary A (Duration)
10 NAME OF FATHER Unk	(Signed) Walshall B Wist M. D.
IN BIRTHPLACE OF FATHER (State or country) AND DEED NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place In the State Transmos. Mos. State Transmos. Mos.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) chas w Haylo	Former or usual residence
(Address) 84 hillet	PLACE OF BURIAL OR SENOVAL DATE OF BURIAL 3/6, 193/
Filed 16 193/ A GALLER Registrar	aure Dileusley Talts he
If more blanks are needed, addre, state Kegista	, 16 W. Saratoga St., Balto., Requesting V. S. holl.

DEEDA

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cool-Housemund, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on (1.6

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approved by Committee on "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital;" "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(etanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," perilonaeum, etc., Careinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the " "Convulsions, disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the that a is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Foreman, For many occupations a single word or term on Or yrs). Farm laborer, Laborer-Coal mine, etc. 6 At Home, and children, not gainfully em-Compositor, Architect, Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Locomotive (6) The quesengineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular heart Always qualify all The contributory "Haemorrhage, disease;

If this certificate is looked over thoroughly and a'l questions anayered in detail, it will prevent further correspondence. All the data is lessential and must be obtained before the certificate is permanently filed.

JUN 4 1931

PLACE OF DEATH

Baltimore County

STATE OF MARYLAND CERTIFICATE OF DEATH

Sheppard & Enoch Pratt Hospital	Registration Dist. No.
Village or City Towson (No. M	aryland St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
July 14 , 1875 (Nonth) (Day) (Ye. 7 AGE [If LESS than	I HEREBY CERTIFY, That I attended the deceased from May 2, 1930 192 to May 18, 1931 192 192 that I last saw him alive on May 18, 1931 192 and that death occured on the date stated above, at 3:50 9 m.
5 yrs. 10 mos. 5 ds or min.) 8 OCCUPATION 1 (a) Trade, profession or	The CAUSE OF DEATH * was as follows: Broncho-pneumonia
particular kind of work Merchant (b) General nature of industry business, or establishment in which employed or (employer) Grocery	(Duration) yrs 1 mos ds.
9 BIRTHPLACE (State or country) Marylam 10 NAME OF	Contributory Organic Brain Disease with Secondary psychosis. (Duration) 1 yrs. 4 mos.
FATHER John W. Hiteshew	(Signed) M. D. Arthur E. Pattrell, M. D. Towson, Md.
2. (States or country) Maryland	*Stte the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Margaret Muller OF MOTHER (State or country) Virginia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Hospital Records (Address) Willy 20 1924 William Records	if not at place of death? Former or usual residence 2110. Chelsea Terrace, Baltimore 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wrung Ringe Cerry: ADDRESS ADDRESS

If more blanks are neaded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MVELT BESEFF - DEGE

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples : (a additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enetr., Foreman, engineer, Stetionary freman, etc. For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (b) Automobile (Q: the kind of work factory. The material -Coal mine, etc. Locomolive not gainfully emand also (b) the But in many (6) engineer

spinal meningitis"); Diphtheria (avoid use of "Croup fover (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia" pneumonia. Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, telanus) may be stated under the head of "contributory, as fracture of skull, and consequences (e.g., sepsys carbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia' (secondary), (secondary or intercurrent) Chronic interstitial nephrilis, Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of dearn approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic on valitular heart disease; affection nced etc. The Always qualify all " Haemorrhage," Sarcoma,, etc., of contributory not be

tasked over thoroughly and all questions orgained before the certificate is further correspondence. Aithe



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12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(Address)

(Informant) ..

	1 PLACE	OF DEATH		
/ Co	unty Bal	timore	: core core a wedwirklick	
		eppard and En	och Pratt Ho	ospital
Villa	ge or City	Towson	(No.	
	² FUI	L NAME Elbe	ert Carson	Hoover
	PERSO	NAL AND STATIS	TICAL PARTIC	ULARS
3 81	Male	White	SINGLE, MARRIED, WIDOWED OR DIVORO	
7 AG.	E	(Mor	ember 1st (Day)	(Year)
1		32 yrs. 5	mos4	
pa (b	General n	ofession or d of work		-1
	RTHPLAC (State or	E	gton, D. C.	
	10 NAME FATHI		oover	
NTS	11 BIRTH OF FA		ington. D.	C.

Blanche Carson

(State or country) Washington, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records

05593

Maryland

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

(If death occurred in a hospital or institu-ion, give its NAME in-St Ward) -tend of street and mnmber.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	1
May	5th , 19231
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at	tended the deceased fro
December 18 1930 to Ma	y 5th 1925.
that I last saw h im alive on	
and that death occurred on the date state	d above, at 11.05 P
The CAUSE OF DEATH % was as follows:	
by hanging	
ny mangring	
***************************************	888864668777

(Duration)	yrsmos
Contributory Schizophrenia	•
Secondary	
رو. (Duration)	yrs
(Signed) author 4 (ettirel M.
Arthur 4. Pastrell	. M.D.
May 5 (Address) T.OW.	aon where the
*State the Disease Causing Death Violent Causes, state (1) Bleans of In	or, in deaths from
Accidental, Suicidal or Homicidal.	july and (a) mounts
18 LENGTH OF RESIDENCE (For Hosp	pitals, Institutions, Tran
ients, or Recent Residents)	
At place 0 yrs. 4 mos. 17 da. Stat	e 5
	te,mos
Where was disease contracted, if not at place of death?	moutg.
Former or Cherry & Flower Av	es Takoma Park
usual residence	1000 May 2012 1000 1000 1000 1000 1000 1000 100
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
19 PLACE OF BURIAL OR REMOVAL	5/8
19 PLACE OF BURIAL OR REMOVAL	5/8 ,193
19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	5/8

wore blanks are needed, address State Registrar. 16 W. Saratoga St., Balto, Requestion V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

husiness, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations ployed, as At "chool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form par of the seemed statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. the first line will be sufficient, e.g., Farmer or Plantor tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. tired 6 yrs.). For persons who have no occupation er," etc., (a) Foreman. (b) Automobile factory. should be used only when needed. Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) of persons cnduties of the But in many The material The ques

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) quences (c. g., sepsis, tetanus) may be stated under the Poisoned by embolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or Homicidal, of taken. For violent deaths state means of injury State cause "Puerperal septicuemia," "Puerperal peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia." "Weakness," etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart vulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" causing Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid of the injury, as fracture of skull, and consedeath), 29 ds.; Bronchopneumonia "contributory." "Debility" Accidental drowning; Struck by railway or intercurrent) affection used not be for which surgical operation was under-("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles failure," "Haemor-Always quality ull The contributory "Coma," Measles; (merely (second-(disease "Con-

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PLACE OF DEATH	STATE OF MARYLAND
County.	CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City Canaly (No. 2FULL NAME Baby	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White (Write the word)	16 DATE OF DEATH 5/16 , 193/ May (Month) / (Q(Day) /93/ (Year)
6 DATE OF BIRTH 5 / 6 , 193 / (Year)	IT I HEREBY CERTIFY, That I attended the deceased from Lelivered 192 to 5// (, 1987/, that I last saw h alive on , 192 ,
7 AGE Stillonios ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Stillbow
which employed or (employer) 9 BIRTHPLACE (State or country) Balto. Co., Uld-	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Clarence B. Houck	(Signed) A III OSacous M. D.
OF FATHER (State or country) 12 MAIDEN NAME (C)	*State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Q dua Shaukelin 13 BIRTHPLACE	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, it not at place of dea h?
(Informant) Edna Houck	Former or usual res.dence
(Address) Fulleton R. F. D.	Lassohn's Burying Ground 5/17, 1931
Filed 5/16 1981 A. Ul Bacon Registras	Fred Lassohn & Son Fulletton, Md.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DRATH Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> was fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) selanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

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PLACE OF DEATH	STATE OF MARYLAND
County Batternore	CERTIFICATE OF DEATH
County 10 accorded	^ ^
	Registration Dist. No. 3 5
Village or City Owngo wells (No.	St.: Ward) (if death occurred in
	tion, give its NAME it
2FULL NAME James Wilson !	Lushes stead of street and number.)
	- /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED.	May 5, 1921
male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
September 30, 1917	July 13 1930 to May 5 , 1931
(Month) (Day) (Year)	that I last saw in malive on hung o , 1923/,
7 AGE IIILESS than	and that death occurred on the date stated above, at 7:40 P.m.
I day hrs.	The CAUSE OF DEATH * was as follows:
13 yrs. 7 mos. 3 ds. or min.?	
8 OCCUPATION O	Culmonary interculoses
(a) Trade, profession or Annale particular kind of work Rosewood State	(2 1 . 4 . G. C. T. e.)
(b) General nature of industry Training School	Con darringen,
business, or establishment in Ownigo mills, ml.	(Duration) Harkmonne
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
mayana	(Duration) yrsds.
FATHER TO DESCRIPTION OF LOCAL COLLEGE	(Signed) Lerge C. nedary M. D.
recence filtrapies	may 5 1931 (Address) Owneys mills, mil
U DI BIRTHPLACE OF FATHER	Age of the Court Death on in deaths from
Z (State or country) heavyland	Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Manage L. Heales	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 6 yrs. 9 mos. 7 ds. In the 13 yrs. 7 mos. 3 ds.
(State or Country) Maryland	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Anknown if not at place of doa.h?
Institutional Records	Former or usual residence Harford Co., Mid.
(Informant) Rosewood State Training	19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
(Address) School owings hills, me	1 18 May 7 mal
(Addices)	Markey July 1991
15 Filed (Day 5, 1981 H. M. Slads:	20 UN DERTAKER
Registral	# 1 Com rundiavem my
If more banks are needed, addre a State Registral	W. Seratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public , Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tle irst line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material single word or term on Locomotive engineer, Grocery;

spinal meningitis"); Diphlheria (avoid use of "Croup"; ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic ccrebro-EASE CAUSING DEATH (the primary affection with respect time and pneumonia, Bronchopneumonia causation), using always the same accept; ("Pneumonia,

> Recommendations on statement of cause of death 'approved telanus) may be stated under the head of "contributory." stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; "Heart failure, Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. The contributory

permanently filed. data is essential and must be If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

"Inanition," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

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sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros_cinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," causing (secondary or intercurrent) Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), by Committee on Nomenclature of the cough; Chronic affection need etc. The contributory valvular heart not be

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PLACE OF DEATH

	PLACE OF	DEATH			0000	STATE	OF MA	RYLAND
(County	Baltimor	e		(BI)	CERTIFIC	CATE C	OF DEATH
						Regist	ration Dist	t. No. 30
Vill					rest Drive	St.:	ti st	(If death occurre hospital or ins on, give its NAMI tead of street umber.)
	PERSONAL A					CAL CERTIFIC	CATE OF	DEATH
3 5	EX 4 CO	LOR OR RACE	SSINGLE,		16 DATE OF DEATH		JATE OF	DEATH
M		hite	MARRIED, WIDOWEDG OR DIVORCE (Write the wor	rried		May 30		1 , 192 (Year)
5 D	ATE OF BIRTH	Septem	ber 20 d	1870	no 1 HEREB	Y CERTIFY, Th	at I attend	ed the deceased in the decease in
	***************************************	(Month)		(Year)	that I last saw h	alive on	noy.	30 , 192
7 A		yrs. 8	mos. 10 c	If LESS than I day hrs. or min.?	The CAUSE OF DEA	TH * was as fol	lows:	
						•	<i>V.</i>	
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(a pa (b bu w) 9 BI	1) Trade, profession articular kind of wo of the control of the co	Baltimo David J Balti	re, Md.	-	Contributory Secondary (Signed)	(Durstion Puration Puration (Address) (Address) (Disease Causing state (1) Means or Homicidal.	Death, or, of Injury	mos
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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, atic), "Atropny, Oungroup," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," when a definite disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not etc. The contributory valvular heart disease; Always qualify al of the

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Catonsville

Mt De Sales Academy St.: Ward)

05599

(If death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

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PERS	ONAL A	ND S	STATIS			HCU	LARS	
sex Female		hite	OR RAC	MA WII OR	RRIED DOWE DIVO ite the	D. RCED	Singl	.e
DATE OF	BIRTH							
			July (Mon	th)	18 (Da		, 1.85 (Ye	3 ear)
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MT. De Sales Academy

Catonswa

16 DATE	of DEATH May		25		, 1923	31.
*	•••••••	(2	Month)	(Day)	(Ye	ar)
May	1 HEREBY 21,31	CERTIFY,	That Latte	ended the	deceased	31
that I la	st saw her	_alive on	May 24	,	, 19	31
	t death occur			above, at	1.40	P.m.

MEDICAL CERTIFICATE OF DEATH

Debility of the Aged Shock Contributory

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether

IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place

Or Com		
Where if not	was disease at place of	contracted, death?

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt. De Sales Cemetery 1931. May

EASTON SONS

usual residence.

ELLICOTT

ADDRESS

State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. If more bianks are needed, at

Registrar

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from to report specifically the occupations of persons ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrumt, Cook, Housenmid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a especially in industrial employments, it is neces-10 yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The who have no occupation single word or term on -Coal mine, ctc. not gainfully em-(b) material Grocery,

Statement of Cause of Death—Name, first, the ristEASE CAUSING DEATH (the primary affection with respect
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Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." "PUERPERAL septicocmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephrilis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage approved by as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably smade. The n-ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee Chronic on etc. valvular heart Nomenclature The contributory Always qualify all Measles; not be

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PLACE OF DEATH	STATE OF MARYLAND
County Jallo.	CERTIFICATE OF DEATH
0 100	Registration Dist. No. 41
Village or City Lundall (No. 119 W.	Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Deny O. JU	mg / steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Matt Single, MARRIED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH May 21, 1931
6 DATE OF BIRTH	(Month) (Day) (Year)
May 18 . 1850	may 18 1931 . 10 may 21 , 1931
(Month) (Day) (Year)	that I last saw h Malive on May 20 193/
7 AGE [If LESS than	
80 lday hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION / ds. or min.?	Const of the said
(a) Trade, profession or particular kind of work	curra removerage
(b) General nature of industry	apoplery
business, or establishment in	(Duration) yrs. — mos. 3 ds.
which employed or (employer)	Contributory actinoscinosis
9 BIRTHPLACE (State or country) M. 6.	Secondary (Duration) / Oyts mos ds
10 NAME OF B. I T Bing 1.	(Signed) aw. Reier M. D.
Dem o' I fing Si.	May 21 193/ (Address) Dundallo M
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of Mother Millyown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country)	of deathyrsmosds. Stateyrsmesds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) 6. (. / Ling	usual residence.
(Address Franklin Va	19 Price of Buriat or REMOVAL DATE OF BURIAL May 239 31
15 Filed 5/23/34 &/ Mlarenne	20 UNDERTAKER ADDRESS 2016
a Registrar	commy rung (means s)
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a)whatever, write None. business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobilc factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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permanently filed

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American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease approved recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-I this perilonacum, etc., Carcinoma, Sarcoma, etc., of certificate is looked over thoroughly and all questions interstitial nephritis, by Committee on Nomenclature cough; Chronic valvular heart disease etc. The contributory

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Classified.	-
e stated E	
E should bat it may back	
I. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
arefully sur I in plain to ortant. See	The state of the s
OF DEATH	
te CAUSE	
m of info	The second secon
Every ite. CIANS sl statemen	The same of the sa
20	

	PLACE	OF DEATH			056	STATE OF	F MARYLAND
/c	ounty Ba	ltimore			(III)	CERTIFICA	TE OF DEATH
/					(C)	Registration	on Dist. No. 40
Villa		White Mars				St.:Wa	ard) (If death occurred a hospital or instit tion, give its NAME I steed of street or number.)
-	PERSON	NAL AND STATIST	ICAL PARTIC	CULARS	М	EDICAL CERTIFICAT	E OF DEATH
3 SE	male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the wo	Widowed ED ord)	16 DATE OF D	EATH May 2nd,	, 192 3
6 DA	TE OF BIR	June 17		, 1852 (Year)	17 I H	EREBY CERTIFY, That I	attended the deceased fro
7 AG		78 yrs. 10	mos. 15	If LESS than I day hrs. ds. or min.?	and that death	occurred on the date etc	ated above, at 5:05 Am
9 BII	RTHPLACE (State or cou		lvania		Contributor Secondary		7 yrs. / mos. /
`	FATHER	Philip Mor	ris ;		(Signed)		such M.
ENTS	OF FATH	country) Pennsy	lvania				ath, or, in deaths from Injury and (2) Whether
PA	OF MOTH	Amanda D	ickerson ylvania		At place of deathyrs.	ent Residents) In	the Stateyrsmosd
14 TH		IS TRUE TO THE BEST	OF MY KNOW	VLEDGE	Former or	se contracted, of death?	,
		ess) White Ma				apel Cemetery	May 5 , 193
15 F	iled Mu	3 193/ V	F. H. G.	Registrar	Trederick	0 0	ADDRESS 7401 Belair H

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (vestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Ilousewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write Nanc. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. ,, etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Caal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis af lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular Nomenclature of the heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAIN,	MARGIN RESERVI	WRITE PLAICY, WITH UNFADING INK	N BEvery Item of information should be carefully sup
WRITE		PLAINY,	of informa
	٦	WRITE	N BEvery Item

,		-0.5602
	PLACE OF DEATH County Batto,	STATE OF MARYLAND CERTIFICATE OF DEATH
	1 1 1 t	Registration Dist. No. 33
	Village or City Revaleration (No. 2FULL NAME Michael Korn	St.: Ward) (If death occurred in a hospital er institution, give its NAME instead of street and number.)
/	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White (Write the word)	16 DATE OF DEATH 127, 1923/ (Month) (Day) (Year)
	6 DATE OF BIRTH Dart know, 1862 (Month) (Day) (Year)	that I last saw h we elive on Pfr 30 , 1923.
ומנו מכייי	7 AGE If LESS than I day hrs.	and thet death occured on the date stated above, at
y Importante dec	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF	(Duration). yrs. 6 mos. ds. Contributory (As) - Columnt Secondary (Duration) - Tyrs. mos. ds.
S NO.	FATHER Dont Rhow. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER TO THE RHOW RAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) M. D. 2 1923/ (Address) Path or, In deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2000	13 BIRTHPLACE OF MOTHER (State or country) don't know.	ients or Recent Residents) At place In the of death yis
diement of	(Informant) Fredericht. Hum ann. (Address) Richters lown Md.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL All Sainte limiting May 3, 1931.
n	Filed 72 1923/ 1722 92 Registras If more blanks are needed, address State Registrar	Derryman 48ma Riesters town, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Groccy; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupition is very important, so that the relative health state occupation at beginning of illness. If retired from er," etc., without more provided mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on 37.8). Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation persons en-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., etc., etc., como..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Exhaustion," "Heart range," "Old Age," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacnio," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury Whooping approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe duta is essent all and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Baltimore	107-6
	Registration Dist. No.
Village or CityMiddle River (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single Widowed, or DIVORCED (Write the word)	16 DATE OF DEATH May 5th , 19231
September 17th , 1930 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1934 to Wan 1934 that I last saw h alive on 1924
7 AGE yrs. 7 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or particular kind of work	Menagitas
(b) General nature of industry business, or establishment in which employed or (employer)	Contributor (Cert) Conchy
State or country) Middle River	Secondary Culler Tues / mos. de
10 NAME OF FATHER James W. LaRue	(Signed) (Signed) M. D.
OF FATHER (State or country) Baltimore County, M.d.	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Melvina Ritter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Balto. Co., Md.	At place of death yrs mos. ds. State yrs moe de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) James W. LaRue	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Middle River, Md.	Oak Lawn Cemetery May 8 , 1931
Filed May] 190 J. J. amily Registrar	20 UNDERTAKER ADDRESS Traduil Lange for Jon 7401 Belair R
If more branke are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Savant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., whatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Nomenclature Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

STATE OF MARYLAND CERTIFICATE OF DEATH

cact	PLACE OF DEATH	STATE OF MARYLAND
F .	County Balts. 60.	CERTIFICATE OF DEATH Registration Dist. No.
operly classified	Village or City Works Pt. Pd. No	Partie 10 - Tof 14St: Ward) (If death occurred in a hospital er institu- tion, give its NAME in-
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pro	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 19 19231 (Month) (Day) (Year)
shou t It m s on	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Lealive on May 18 1923
olied ACE ms so that nstruction	7 AGE If LESS than I day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
be carefully sup ATH in plain ter important. See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) PRINTHPLACE (State or country) (State or country)	Contributory Auge Umblical Vervia Secondary (Duration) , yes 5 mg de de Vervia
information should it state CAUSE OF DE	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MOTHER (State or country) 15 MOTHER (State or country)	(Signed) 1923 (Address) Sparrows Porw *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homeidal. 18 LENGTH OF RESIDENCE (For Hospitols, Institutions, Transferts or Recent Residents) At place of death
B. Every Item of CIANS should statement of C	(Informant) Address Please Ple	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
ż	If more banks are needed, address State Registran	r, 16 W. Soratoga St., Balto., Requesting V. S. No. 1.

BINDIN FOR WRITE PLAN. WITH UNFADING INK---THIS IS MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serumit, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm leborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Collon mill; (a) Compositor, Architect, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Locomolire engineer

Statement of Cause of Death—Name, first, the pist PASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); spinal meningitis"); Diphilieria (avoid use of "Pneumonia"); "uphoid fever (never report "Typhoid Pneumonia");

(Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart imme," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) cough; Chronic etc. The contributory valeular heart Nomenclature of the Measles;

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186	PLACE OF DEATH	STATE OF MARYLAND
sta N	Balto Co	CERTIFICATE OF DEATH
bino N Is	County	Registration Dist. No. 4
ORD ICIANS sh	Village or Otty Colgate (No. 3 1/4)	Ward) [It death occurred in a hospital or Institution give its NAME instead of street and number.]
HYSI 1 OC	FULL NAME SPECIAL M. d.	of blood and admissing
T to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACTLY.	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERGED OR DIVERGED	16 DATE OF DEATH Way 9 1911 (Month) (Day) (Year)
RMA EX	(Write the word)	17 PA HEREBY CERTIFY, That I attended deceased from
stated	6 DATE OF BIRTH Sept 19, 1894	that I last saw h & A alive on They & 1934
S A S	(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 140 Am.
should y class	36 yrs. 7 mos. 20 ds. 1 day, hrs. or mln.?	The CAUSE OF DEATH* was as follows:
AGE properi	(a) Trade, protession, or particular kind of work	Milastino John Brook
led.	(b) General nature of Industry, business, or establishment in	(Doration) 2 yrs, mos ds
Suppli may	which employed (or employer)	Contributory Tryic absorption (Secondary)
AFA	our some let	(Dapation) yrs mos ds.
e caref so tha	10 NAME OF Prober lought	(Signed) (Signed) (M. D.). 1. 0.
with be	State or country)	*State the Disease Causing Death, or, in deaths from Wolent Causes, state (1) Means of Injury; and (2) whether Acciden-
NLY,	of MOTHER bidy Vanderport	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
PLAI ormation H in p	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds.
RITE of Info DEAT See In	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
W Item	(Intermant) 3 mordbrug log	USUAL PESIGENCE
Every CAUSE Imports	(Address)	Ooplann May 12, 1881
9	Flied 9 1931 John 9. Correct 9	WM Goods 1217 St Paul
z	If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

FOR BINDIN

RGIN, RESERVED

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the misease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness, thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig "Senile," etc.), "Dropsy," State cause for "Exhaustion, Never report

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enen at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, nature of the business or industry, and therefore an sary to know Statement of Occupation-Precise statement of ocwhatever, write None. first line will be sufficient, e. g., Farmer or Planter or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery. Wom-

Statement of Cause of Death—Name, first, the rist EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from ehildbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME in-

DATE OF BURIAL

ADDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an work, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Oletanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles;

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1931

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 000 WIDOWED OR DIVORCE Write the word) (Day) I HEREBY CERTIFY, That I attended the decemed from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows:min.? ds. or 8 OCCUPATION R< (a) Trade, profession or particular kind of work Ш S (b) General nature of industry business, or establishment in (Duration) C which employed or (employer) ARGIN 9 BIRTHPLACE Secondary (State or country) Durstin 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE Stato the Disease Cansing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER deaths from Z SO (State or country 12 MAIDEN NAME 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER nform ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyrs.......mos......ds. (State or country) Where was disesse contracted, if not at place of des.h?...... 0 MY KNOWLEDGE 14 THE ABOVE IS TRUE ho Item sho Former or usual residence CIANS s (Informant) EVBLY (Address) 20 UNDERTAKE Registrar If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Cool mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; is nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The materia If the occupation has been changed single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." approved carbolic acid-probably suicide. The nature of the injury, American Medical Association.) (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi cough; by Committee on Chronic valvular heart disease etc. Nomenclature The contributory

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	PLACE OF DEATH County Balto. Village or City Lessey (No. mosses	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 Core. Hombey Please of Ward) St.: Ward) (If death occurred in a hospital or institution, give Its NAME in
	FOLL NAME CO CALL	and stead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MIDOWED. OR DIVORCED (Write the word)	(Month), (Day) (Year)
	6 DATE OF BIRTH June 6, 1877 (Month) (Day) (Year)	that I last saw h alive on 1921.
	7 AGE Syrs. mos. 4 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
1	(a) Trade, profession or electrician particular kind of work (b) General nature of industry business, or establishment in	August 12 man 1 2 m
	9 BIRTHPLACE (State or country) Charlotsvill Carolina	Contributory Secondary (Duration) - yrs mos ds.
	10 NAME OF FATHER Unknown	(Signed) M. D. (Address) GO (6 Tay In Une Del
	OF FATHER (State or country) 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. United Stateyrsmosds. Where was disease contracted,
	(Informant) alvetta Elliott	if not at place of dea.h?
	(Address) 3. L. admiral Blar, Woods	Ook Larn DATE OF BURIAL May 23, 193)
	Filed may 2 3 19th John G. Connelly Registrary	John G. Coronelly Casex
	If more branks are needed, address thate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Capit. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation Locomotive engineer, (6) Grocery;

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(If death occurred in

a hospital or institu-tion, give its NAME in-stead of street and number.)

DATE OF BURIA

ADDRESS

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborerwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housenuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day -Coal mine, etc. Wom-

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THE PERSON NAMED IN COLUMN TO PERSON NAMED I	HYSI	Exac	
	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI.	CIANS should state CAUSE CF DEATH In plain terms so that it may be properly classified. Exact	
	EXACT	class	cate.
	ated	operly.	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH County Dumbarton, Pikesville Dumbarton Village or CityPikesville (No.	STATE OF MARYLA CERTIFICATE OF DE Registration Dist. No. (If death a hospital tion, give stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White OR DIVORCED (Write the word) 6 DATE OF BIRTH December 9 1871	May 22, (Month) (Day) 17 I HEREBY CERTIFY, That I attended the d October 1922. to May 22
7 AGE 59 yrs. 5 mos. 13 ds. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	The CAUSE OF DEATH * was as follows:
9 BIRTHPLACE (State or country) Baltimore, Md. 10 NAME OF FATHER MOSES STRAUSS 11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER CAROLINE STRAUSS 13 BIRTHPLACE OF MOTHER (State or Country) Germany 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. B. Kohn (Address) Robers Ave	(Signed) Secondary (Signed) Secondary (Signed) Secondary *State Of Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institution in the State of Cath yrs mos ds. At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF
The state of the s	County Dumbarton, Pikesville Dumbarton Village or CityPikesville (No. 2FULL NAME Katie Strauss Mi PERSONAL AND STATISTICAL PARTICULARS 3 SEX

15 Filed May 73 1921 & & Wichols

MARYLAND

OF DEATH

Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

7 6307

1
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
October 1922. to May 22d, 1931,
that I iast saw h & alive on May 224 1981,
and that death occurred on the date stated above, at 5 Ps m.
The CAUSE OF DEATH * was as follows:
·····
Chronic nephrits (askrusslerated
F
Symptoms (Duration) & yrs. mos. de.
Symptoms (Duration) Syrs. mos. de. Contributory Crassilla.
(Duration) — yrs — mos 7 ds
(Signed) Louis P. Wall Gerger M. D.
May 23 198/ (Address) 1207 Eutaw Place
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the State yrs mos ds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Balto. Hebrew Cem. May 24, 1931
20 UNDERTAKER ADDRESS
Varid Sondheimer Som Place
VALARI KLANICE TOLLANY DAY FIREE

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

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> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles ;

permanently filed. answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

MARGIN RESERVED FOR BINDING	M
LY, WITH UNFADING INKTHIS IS A PERMILENT CORD)
ormation should be carefully supplied ACE should be stated EXACTLY, PHYSI-ate CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	Y, PHYSI- ied. Exact
HOATION is your important too incomment on back of contificate.	

	OF DEATH Baltimore		[3]	05612	CERTIFI		OF DEATH
	white Mars	h (No	L MOORE		St.:		(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSO	NAL AND STATIST	CAL PARTICULA	RS	MEDICA	L CERTIFI	CATEO	F DEATH
3 SEX Female	4 COLOR OR RACE	S SINGLE, MARRIED, MAR WIDOWED, OR DIVORCED (Write the word)	ried 16 D	ATE OF DEATH	May	(22 , 1931 (Day)(Year)
6 DATE OF BIR			17	NIO HEREBY			nded the deceased from
	February		1854 that	I last saw how		Ma	1 - 7
7 AGE	(Month)	[IEI	ESS than lay hrs. The		d on the dat	a stated A	bove, at 7.30A.
(State or Constitution of Mort (State of Mort (Stat	refession or and of work. At Heature of industry establishment in yed or (employer). Baltimore of industry establishment in yed or (employer). Baltimore of industry establishment in well and in the second in th	, Md. Gambrill wn reen wn tof my knowledd e B. Moore,	(Signal Signal S	*State the Di- Violent Causes, sta- Accidental, Suicidal of ENGTH OF RES- ents or Recent Res- lace	(Dura (Dura (Address) (Address) (Address) (Candress) (C	Death, ns of Injury Hospital	yrs
(Add	ress) White Ma	rsh, Md.		mp Chapel	Cemete	ery	May 24 , . 19 3.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

401 Belair Rd.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon, (b) nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, business, that fact may be indicated thus; Farmer (see or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Duy (b) Automobile factory. The material Architect, Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISTRASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros panally fever the only definite synonym is "Epidemic cerebros in meningitis"); Diphtheria (avoid use of "Croup"); sinul meningitis"); Diphtheria (avoid Pneumonia"); Uphhoid fever (never report "Typhoid Pneumonia"); Uphhor pneumonia, Bronchopneumonia ("Pneumonia, "

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telunus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," Whooping approved by Committee on Nomenclature or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercarbolic acid-probably succide. The nature of the injury, necident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL Recommendations on statement of cause of death as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite: avoid interstitial nephritis, cough; Chronic and consequences (e. g., sepsis valnular heart disease; etc. The Sarcoma., contributory Measles ; not be etc., of

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1931

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er," etc., without more process. Tall mine, etc Wom-laborer, Farm laborer, Laborer—Call mine, etc Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cohi, Houseward, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Tealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, 6 yrs). For persons who have no occupation For many occupations a single word or term on Compositor, Architect, Locomotive engineer, secr. Stationary fireman, etc. But in many (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopmeumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, riseinoringe, "Inanition," "Marasmus," "Old Age," "Shock." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Meusles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, letunus) may be stated under the head of "contributory." curbolic acid - probably suicide. The nature of the injury; occident; Revolver wound of head--homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the eause. Always qualify ali Whooping American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic valentar etc. The contributory heart

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V. S. No. 1

County		65614 STATE OF MARYLAND
	Ball)	CERTIFICATE OF DEATH
/ 195	01	Registration Dist. No.
Village or City	y Glisson (No.	St.: Ward) (If death occurred in a hospital or institu
2FU	LL NAME Emily Case /	St.: Ward) a hospital or institution, give its NAME in stead of street an number.)
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 male	4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIR	(Month) (Day) (Year	interest of the second
7 AGE	78 yrs. 1 mos 23 ds. or mi	han and that death occurred on the date stated above, at
(b) General n business, or e which employ 9 BIRTHPLACE	ad of work stature of industry establishment in yed or (employer)	(Durstion) yrs mos de
	untry)	
in	ACE (COUNTRY) Hagerstown Mil	(Signed) / 1924 (Address) Jacks M. D
OF FATHER II BIRTHPL OF FATH (State of II MAIDEN OF MOTH	ACE LER TO COUNTRY) Hagerstown Mag NAME HER Mary Cligabill forst LAGE	(Signed) *State the Disease Causing Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds
10 NAME OF FATHER 11 BIRTHPLOF FATH (State of MOTH 13 BIRTHPLOF MOTH (State of MOTH (State of MOTH)	Triduich Vorsey Mitchell ACE IER recountry) Pagerstomm M I NAME HER Mary Cligabill forst LACE HER Country) IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
10 NAME OF FATHER 11 BIRTHPLOF FATH (State of MOTH) 13 BIRTHPLOF MOTH (State or MOTH)	Triduich Vorsey Mitchell ACE IER recountry) Pagerstomm M I NAME HER Mary Cligabill forst LACE HER Country) IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) #State the Disease Causing Deach, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or

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tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train Whooping cough; Chronic valvu Chronic interstitial nephritis, etc. . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY valvular heart The contributory disease;

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(H)	HYSI- Exact	1PLACE OF DEATH	STATE OF MARYLAND
(C)	0.	County Paltimore	CERTIFICATE OF DEATH
	Υ, fied	01 .00	Registration Dist. No.
CORD	ated EXACTLY, operly classified certificate.	Village or City Catourville (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
<u></u>	ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IN A NATIONAL	be st be pr	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 2, 1931 May (Month) Z (Day) (Year) 31
R BIND A PERM	s on	6 DATE OF BIRTH Cefec 29, 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921, to May 2, 1931, that I last saw her alive on May 2, 1931,
ED FOI	upplied. ACE terms so that ee instruction	7 AGE If LESS than 1 dayhrs. ormin.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
ERV KX		(a) Trade, profession or particular kind of work	fres mande feart
NG NG	in portan	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) yrs. 3 ds.
ARGIN	of pe cal	(State or country) Manyland 1D NAME OF FATHER & J. J. J. Mush	(Signed) (Duration) yrs. mos. ds.
Σ H	shoul E OF	of 11 BIRTHPLACE	May 21981 (Address) 3520 Freak Com
≥ ×	ON	CState or country)	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
X	To a	of Mother and Schatz	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
LA	f inform d state OCCUP	13 BIRTHPLACE OF MOTHER (State or Country) Manylound	At place of death yrs description of death yrs description descrip
E C	of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
WRIT	Every item CIANS sho statement	(Informant) Educard J. Murfly (Address) 29 Bishop Low	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Man 2 1991
S. T	Star	Filed 1927 Registrar	20 UNDERTAKER Saus Ellicot leit
V. 9.	ż		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemuid, etc. If the occupation has been changed ployed, as At sehool, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Plonter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farnice led to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, For many occupations a single word or term on or At Home, and children, yrs). Form laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Carebro manufacture (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death . letanus) may be stated under the head of "contributory." approved by (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertlonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, uceident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, etc. cough; Committee on Chronic volvular heort Nomenclature The contributory Always qualify all disease,

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JUN 4 1931

FOR BINDING

MARGIN RESERVED

V & No. 1

PLACE CON DEATH	05616 STATE OF MARYLAND
county (leftimon)	CERTIFICATE OF DEATH
n +0 -0 1	Registration Dist. No.
Village or City/101th VarutiNo. Read	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Still Condicifa	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate Single, MARRIED, WIDOWED. Ongle (Write the word)	16 DATE OF DEATH May 9th, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH M	17 I HEREBY CERTIFY, That I attended the deceased from
May 91h, 1931	, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. ds. or min?	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work	Still Von infant
(b) General nature of industry	(13 pm)
business, or establishment in which employed or (employer)	(Duration) yrs. mos da.
9 BIRTHPLACE (Ntate or country)	Contributory Secondary
10 NAME OF	(Duration) yrs. mos. s.
FATHER Malter Clerke	Mar 12 mg () Ab any and mark
OF FATHER (State or country)	State the Piscase Causing Peath, or, in deaths from Violent Causes, state (1) Meath of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MINA M ZEROSKi	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of des.h?
(Informant) anna M Oleski	Former or usual residence
(Address) north Ort. as,	Olut to Johns Nobles , 19
15 Filed May 10 19221 9 & Att omice in	On Admiest Laboratory
If more banks are needed, address tate Negistrar	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been clanged work, or At Home, and children, not grinfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, sary to know whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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taken to report specifically the occupations of persons employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, write None wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, eion, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) way be stated suicide. head-homicide; Poisoned by corbolic acid-probably lapse," on Nomenclature of the American Medical Association.) to determine definitely. Examples: Awidental drowning. "PUERPERAL peritonilis," etc. State cause for which mus," "Old Age," "Shock," "Uramia," "Weakness. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the "Heart failure," "Heenorrhage," "lnanition," "Marasgenital," "Senile," "Ansemia" chapmeumania (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion," ACCIDENTAL, ("Con-

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V. S. No. 1

X	X	HYSI- Exact
	ORD /	pplied. ACE should be stated EXACTLY, PHYSI- press so that it may be properly classified. Exact instructions on back of certificate.
· ·	THIS IS A PERMANENT INCORD	be stated E
BINDIN	PERMAN	should b
ED FOR BINDING	THIS IS A	plied. ACE

	PLACE OF DEATH County Saltunia	STATE OF MARYLAND CERTIFICATE OF DEATH
cate	Mage or City Spanon Bout, 2FULL NAME William & G	Registration Dist. No. St.: Ward) leesants Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
Certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	DATE OF BIRTH A COLOR OR RACE SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word) Month (Month) (Day) (Year)	16 DATE OF DEATH May , 198 / (Month) (Day) (Year) 17. I HEREBY CERTIFY, The lattended the deceased from including the course of 192 Therefore agree on find 192
nstru	AGE Say Say	and that death occurred on the date stated above, at 10:30 Am The CAUSE OF DEATH * was as follows:
ortant. S	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yrs mos de Contributory Secondary (Duration) A yrs Amos de
ION is very	(State or country) Virginia	(Signed) 1931 (Address) Amount m *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OCCUPAT		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
	(Informant) Hestley Pleasants (Address) 233 might are (Address) 1923/4. Att mick M.D. Registrar	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 6, , 1951 20 UNDERTAKER Mr. Elli AT ADDRESS 723 Ashlandae
	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Civil engincer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed mer, (b) Cotton mill; (a) Salesman, (b) Grocery. Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; litianus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as etc. The contributory affection valvular heart Nomenclature Always qualify all need disease; not be

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	1 _{PLACE}	OF DEATH	74	ۮ,	05619		MARYLAND
		altimore					E OF DEATH
		**************************************	0 h ·	100	97)	Registration	. 20
V		Woodlawn,			ake Road.	St.: Ward	(If death occurred in a hospital or institution, give its NAME in stead of street an number.)
	PERSON	AL AND STATIST	ICAL PARTICU	LARS	MEDI	CAL CERTIFICATE	OF DEATH
3	SEX M	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		16 DATE OF DEATH	May 26,	1931 , 192
6	DATE OF BIR	TH #ay (Month	lst) (Day)	., 1846 (Year)	Apr. 21 19	931 192 to May	tended the deceased from 26,1931, 192, 20,1931, 192
8 (OCCUPATION (a) Trade, pro	y13.	mos.25 ds.	If LESS than I dayhrs. ormin.?	The CAUSE OF DEA	urred on the date state ATH * was as follows: BROSIS	d above, at Za – A m
6	b) General na ousiness, or es	ature of industry stablishment in ed or (employer)	ltimore, Md		Contributor	(Duration)	yrs
	10 NAME OF	Ely	Poole		(Sysped 26, 1931	Cato	M. D.
ENTS	OF FATHI (State or	eountry) Sc	otland		1192.	Piscase Causing Death state (1) Means of 1	
PAR	12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	ACE Naj	rtha Biggs		18 LINGTH OF R ients or Recent F At place of deathyrs	CSIDENCE (For Hosp Residents) In the	e etcyrsmosds
14	(1)	A. Frank Po		EDGE	Where was disesse con if not at place of de Former or usual residence	a h?	
15		2133 Fore		ve re, Me	19 PLACE OF BURI.	and	DATE OF BURIAL
_		If more banks are	and despress	Registrar	, 16 W. Saratoga St.	Balto., Lequesting V.	S. s. 1.

(Approved by, U. S. Census and American Fublic Health Association.)

to report specifically the occupations of persons ensary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise special and a laborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of work, or At Home, and children, net gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Namager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If refired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a yrs). For persons who have no occupation (b) Automobile factory. The material Salcsman, single word or term on As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepting determ for the same dise.se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) affection need not be streed unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetainus) may be stated under the head of "eontributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E:haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ean be ascertained as the eause. Always qualify all Whooping cough; American Medical Association.) as fracture of skull, and eonscquences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Nover report mere symptoms or terminal eondi-Chronic valvular heart etc. The contributory

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-WRITE PLAKLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDI

PLACE OF DEATH	05620 = 11
TEACE OF DEATH	STATE OF MARYLAND
County Callinsol	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or Childgemere (No. Cuth	G
	St.: Ward) (If death occurred a hospital or institution, give its NAME
2 FULL NAME LUMME (TO	stead of street a
TOLE NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED, OR DIVORCED	3/8/3/, 192
(Write the word)	(Month) (Day) (Year).
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
, 1900	192 . to
(Month) (Day) (Year)	that I last saw h Lalive on 57873/- , 192
7 AGE [If LESS that	an and that death occurred on the date stated above, at
3/ day hr	
B OOCUPATIONds. ormin	
(a) Trade, profession or	apple
particular kind of work Wouseurf	
(b) General nature of industry usiness, or establishment in	
which employed or (employer)	(Duration) yrs, mos
9 BIRTHPLACE (State or country)	Contributory Secondary
Vai	(Duration) yrs. mos, c
10 NAME OF FATHER PAY	(Signed) A Diamas M
yearge nat	Today - O and Do
OF FATHER	(Address) 70 2 7 81 8047
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
13 BIRTHPLAGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
OF MOTHER	At place In the
(State or Country).	of deathyrsmosds. Stateyrsmosds. Where was disease contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
as Dame - trans	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Collemere, with any	Mt. Calaryent May 11, 193,
5 MA CAMOLA	20 UNDERTAKER ADDRESS
Filed Vlay // 1923/ 4/ HW. Yomigich	m RG-EN1-ST 1725
Registrar	pyroily, our as ashiand as
If more blanks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05620

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g.. Farmer or Plonter, tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enengineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm loborer, without more precise specification as Day (a) the kind of work and also (b) the -Coul minc, etc. Womnot gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory." Carbolic acid-probably suicide. Then ture of the injury, approved by Committee on Nomenclature Recommendations on American Medical Association.) occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart tanue, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, when a definite disease." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopncumonia (secondary), (secondar; or intercurrent) affection need not be Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse." "Coma," "Convulsions, cough; Chronic statement of cause of Example: Measles (disease rolvular heart diseose; etc. The Always qualify all contributory

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If more banks are needed, address State Registrar, 16 W. Sarghoga St, Balto., Requesting V. S. No. 1.

(If death occurred in a hospital er institution, give its NAME in-

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(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Fermer or Planter, Phusician, Compositor, Architect, Locomolive engineer, Spinner, (b) Covon mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'"" Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (12) or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. Housemaid, ctc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise For persons who have no occupation Automobile factory. The material specification as 6 Grocery;

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answered in detail, it will prevent further correspondence. . . the data in essential and must be obtained before the cartificate is permanently filed.

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CAUSING DEATH, state occupation at beginning of illcated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons If the occupation has The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospiual meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and cousequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report

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(II)	S	PLACE OF DEATH	STATE OF MARYLAND
(M)	E.	County Bally	CERTIFICATE OF DEATH
The same of the sa	d. be	V MILLS	Registration Dist. No.
0	SIFF	Village or Cit Moral Care in Tax	2001/44
CORD	00:	Village or City/////// (No. Ou	St.: Ward) (If death occurred in a hospital or institu-
\circ	EXA y cia	2FULL NAME Welliam Of	tion, give its NAME in stead of street and number.)
THE STATE OF THE S	7 = /		
E	stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
UN	006	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAR 216 K
2	# 0	Male White WIDOWED. OR DIVORCED (Write the word)	1923/
IND	it may is on ba	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
BIL	18 10 8	Deed 1st 1917	1922 1927 to AUG 1981
₩ <	CE	(Month) (Day) Year)	that I last saw here alive on hear -22 1923/
IS IS	Cto	7 AGE [If LESS than	and that death occurred on the date stated above, at A m,
SI	ed.	13 5 12 1 dayhrs.	The CAUSE OF DEATH * was as follows:
JH H	supplied n terms See instr	yrs. mos ds. or min.?	A FIRM
ERV VK7	sup n te See	(a) Trade, profession or	on fairle of red sis
ESE		particular kind of work	1 Timplealist
N O	efully in pla tant.	business, or establishment in which employed or (employer)	(Duration) // yrs 5 mos de.
7 2	2 - 0	9 BIRTHPLACE	Contributory
MARGIN I	BAG	(State or country)	Secondary
A H	200	10 NAME OF	(Duration) Tre
X J		FATHER Melline	(Signed) M. D.
Ė	SE ON IS	OF FATHER A DE	192 (Address)
_ A	200	Z (State or country) Dalhmill And	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	- 0	of Mother Mand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Z	inform state CCUP	13 BIRTHPLACE	ients or Recent Residents)
		OF MOTHER (State or Country)	At place In the of death yrsmos,ds. State yrsmos,ds.
<u>P</u>	of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
TE	E 2 #	Mr. Service	Former or usual residence
WRITE	S s	(Informant)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
5	Every It CIANS stateme	(Address) Wort fine one	Tellaren de el ou mis Est
	Ste	15 140 25 31 01 Glas - 101	20 UNDERTAKER ADDRESS
Z R	2	Filed May do 101 fan 5 Grinelle	Herolog Co. Vec. Jacomod
8.9	2-	If more branks are needed, address State Registrar,	16 W. Saratora Sw. Balto., Requesting V. S. No. 1.
	- 11		
			· ·

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease cough; Chronic valvular heart disease; Example: Measles (disease etc. Nomenclature of the The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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ARGI

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tctanus) may be stated under the head of "contributory." "(E.:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, "Congenital," "Senile," etc.), "Dropsy,"
> ," "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be about the before the certificate is represented which the data is essential.



Item of information should be carefully supplied. ACE should be should state a cause of that it may be
Informati

V. S. No. 1

	PLACE OF DEATH County Baltinon	05625 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Isch Pont (No	St.: Ward) St.: Ward) St.: Ward St.:
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Make A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MONY 12 (Month) (Day) (Year)
	6 DATE OF BIRTH Sept (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
	7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry	0
	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Duration) yrs
	10 NAME OF FATHER albert Retterpush	(Signed Morros R Brannan actualismen 3717 1921 (Address) Edigmen Whid.
	OF FATHER (State or country) 12 Maiden Name (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAG	OF MOTHER May 1 Behn 13 BIRTHPLACE OF MOTHER (State or Country)	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosda.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h? Former or usual residence
	(Address) 2933 Hellion of Bullon	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Gal Lann lum. May 18, 193/
	Filed May 18 193 J. J. Cornelly Registra	20 UNDERTAKER ADDRESS Hougher & Own 1810 plent st
	If more b.anks are needed, addre.s at the Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Baltown

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over throughly and all questions answered in detail, it will perfeit further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH County Ballings	05626 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 30
Village or City Catousulle (No. Ofel- 2FULL NAME Seo Payson Raco	St: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 192.3/
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19230 to 726, 19231., that I last saw h Lamalive on 726, 19231.,
8 3 yrs. — mos. — ds. or min.?	
occupation (a) Trade, profession or particular kind of work	Ceulieal Heurarhage
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Outerro Schools
10 NAME OF FATHER Sea to Rowe	(Signed) Warshall B Wish M. D. May 26 192 3 (Address) Colourvelle Ref
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sure Mc Kahau	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Wesl	At place of desth yrs mos ds. In the S3 yrs mos ds. Where was disesse contracted,
(Informant) The Best of MY KNOWLEDGE	Former or usual residence.
(Address) Enwittslang rug	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 5 197 Alle Regular	20 UNDERTAKER Shuff & Limitslang
If more banks are needed, address todde tygistra	ir, 16 W. Saratoga St., Balto., Requisting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Furm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cupation is very important, so that the relative healthr," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on

stinal meningitis"); Diphtheria (avoid use of "Croup"; ed term for the same disease. Examples: Cerebrospina EAR I CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); to "time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropueumonia, Bronchopneumonia ("Pneumonia,

> Papproved by Committee on Nomenclature of the American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid """Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory affection need not be

answered in detail, it will prevent further correspondence. All tidata is essential and must be obtained before the certificate permanently filed. If this certificate is looked over thoroughly and a l qu stions

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. ployed, as At school, or At home. Cure should be taken er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The questhe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, report to know (a) the kind of work and also (b) the engineer. Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy specifically the occupations of Compositor, For persons who have no occupation Architect, Locomotive persons enengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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1	PLACE OF DEATH	05628	STATE OF MADVI AND
	County Baltingore		STATE OF MARYLAND CERTIFICATE OF DEATH
	maryland Li	41-0	Registration Dist. No. 33
X	Village or City Men Market (No.	ue)	St.: Ward) (If death occurred is a hospital or institu
	2 FULL NAME Margaretta 1	lendrif &	tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
	Jemale Mhite (Write the word)	16 DATE OF DEATH	May. 29th, 1931
	September 9, 1849. (Month) (Day) (Year)	that I last saw he	CERTIFY, That I attended the deceased from 1930 to 1931
	7 AGE 8 / yrs. 8 mos. 20 ds. or min.?		rred on the date stated above, at 6,308,m
	(a) Trade, profession or particular kind of work	Mula	al requigitation
I	(b) General nature of industry business, or establishment in		(Duration) Juyes mos de
	9 BIRTHPLACE (State or country) Manufactual	Contributory Secondary	(Dyston) yrs mos & de
	10 NAME OF Joshua Hendrix	(Signed) all	A CAddress Shrewsbury 19
	of FATHER (State or country) Maryland		issase Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal.
	of MOTHER Mary E. anstine		SIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or country) Cenney Ivania	At place of death yrs	In the Stateyrsde
	(Informant)	if not at place of dea Former or usual residence	p5
	(Address) Maryland Dine Med.	nd Sine Clu	entery Balochy June 1, 1931
	Filed June 1 1931 Bleestey L Bertlen	Harlouslau	Tunewaker Md Sine Med
	If more banks are needed, addre.s State Registrar	r, 16 W. Saratoga St.,	Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Form loborer, Laborer—Coal mina, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken (a) Foreman, (b) Automobile foctory. The material etc., For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcona, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perdonidis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease;

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RESERVE

MARGIN

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: 'a additional line is provided for the latter statement; if whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Ai school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Laborer er," etc., without more precise specification as Day Spinner, (b) Collon mill; (a) (a) Foreman, (b) Automobile nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Foremun, or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Compositor, Architect, Salesman, factory. The person, irrespective of Locomotive engineer. not gainfully em-(b) m:teria. Grocery, Worn-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synchym is "Epidemic cerebra-Lobar pneumonia, Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); ed term for the same disease. Examples: Cercbrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same accept

> approved by telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., separts, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisured by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonacum, etc., Carcinoma, Sarcona, etc., of can be ascertained as the cause. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Chronic Example: Measles (disease etc. valvular heart Nomenclature The contributory Always qualify all disouse; Measles;

American Medical Association.) Cansacred in detail, it will prevent further correspondence. A 1 the data is essential and must be obtained before the certificate in If this cartificate is looked over thoroughly and all questions

permanently filed.

9.

V. S. No. 1

PLACE OF DEATH	STATE OF MADVIAND
DOIT	STATE OF MARYLAND
County Dallimore	CERTIFICATE OF DEATH
P	Registration Dist. No.
Village or City VILLAM (No. 1)	Ward) (If death occurred in a hospital or institu-
2 FULL NAME annie Margare	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH // 04 , 1921
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
January 19 , 1868	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than 1 day hrs. 1 day hr	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work Housewife	Прореску
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsmosds,
9 BIRTHPLACE (State or country) Mary land	Contributory Secondary
10 NAME OF George Schwessinger	(Signed) Jacob Hallman Coroner M. D.
0 11 BIRTHPLACE	192 (Address) Illemmers Tun
C (State or country) Jermany	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary and	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Maryland	of deathyrsds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Emma Schwessinger	Former or usual residence
(Address) 136 J. Polomas It	Homt learnel law. May 11., 1931
Filed May & 193) J. J. Cornelly Registrar	20 UNDERTRIKER LOUS 1710 Fleet for
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05630

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (6) For persons who have no occupation Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injury State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND—CERTIFICATE OF DEATH 0.5631 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? _____ yrs. ____ mos. ___ ds. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR-DIVORCEO (write tha word) Marries (Month) BINDING 5a. If married, widowed, or divorce HUSBANO of HEREBY CERTIFY. That I attended deceased from (or) WHEE of 6. OATE OF BIRTH (month, day, and year) death is said 7. AGE Years Months If LESS than Oavs to have occurred on the date stated above, et. I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 01---min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc., may 9. Industry or business in which work was dona, as SILK MILE, SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation .. 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) Whet test confirmed diagnosis? carefully MOTHER 15. MAIOEN NAME im portant. 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide?_____ Date of injury _____ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods OF (Address) Manner of Injury CAUSE Natura of injury LION 24. Was disease or injury apy way related to occupation of deceased? 19. UNOERTAKER If more blanks are needed, address State Registrar, LAII N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follo	h and related canses ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUM 2 1931	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis		1927	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is -stead of street and

number.)

(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL ADDRESS

If more blanks are needed, addre Litate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, sary to know Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener;" etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	05633
County Ballimure	STATE OF MARYLAND CERTIFICATE OF DEATH
County	24
Village or City Gleneve (No.	Registration Dist. No.
Village or City June (No. 2FULL NAME Maggie &	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 12, 1931 (Month) (Day) (Year)
DATE OF BIRTH May 9, 184	17 I HEREBY CERTIFY That I attended the deceased from
(Month (Pay) (Year) 7 AGE [If LESS the	- - 7 A
82 yrs. mos. 3 ds. or min	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	artem Scleron
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Auraton) yrs ds
10 NAME OF FATHER WYRANIA	(Signed) 03 03 03 03 M. D.
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mu Llyon	Former or usual residence
(Address) CMM	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 15, 1931
15 Filed May 12 1981 B. Benney M. Respectar	Paul chenvuil Ches trust are
If more blanks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Baltyrd

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Dissease CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Unanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee as fracture of skull, and consequences (e.g., sepsis, varbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Exhaustion," Whooping cough; use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, "Heart failure," "Haemorrhage," Chronic valvular heart on etc. Nomenclature The eontributory discase;

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BURFAU

MARGIN RES	WRITE PLANLY, WITH UNFADING I	Clans should state CAUSE OF DEATH in a
T OAT OC OA		H C
		=

	PLACE OF DEATH	0563	STATE OF	MARYLAND
	County Dattimes	(119)	CERTIFICAT	
			Registration	Dist. No. 44
1	Village or City north Pourholload Br	if you	St.: Ward	d) (If death occurred in a hospital or institu-
	2 FULL NAME Mary Elizabet	1 Smil	6	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH	57	3/3/. 192
	OR DIVORCED (Write the word)		(Month)	(Day) (Year)
	B DATE OF BIRTH	17 I HEREBY	Sertify, That I at	tended the deceased from
	(Month) (Day) (Year)	that I last saw hen	alive on S	12/3/ , 192 ,
7	7 AGE If LESS than 1 dayhrs.	and that death occur		d above, at / SVPn.
	yrsmos			
	(a) Trade, profession or particular kind of work	Qe	ente Sa	stulis
	(b) General nature of industry	100000000000000000000000000000000000000	000000000000000000000000000000000000000	
#	business, or establishment in which employed or (employer)		(Duration)	yra. mos ds.
1	BIRTHPLACE (State or country)	Contributory Secondary		
	10 NAME OF O	(Signed)	(Duration)	yrsds.
	FATHER DWW DWWTh	5/4/3620	(Address) / O	2981.8p.P/nu
	OF FATHER (State or country)	*State the D Violent Causes, s Accidental, Suicidal	Disease Causing Death tate (1) Means of I	njury and (2) Whether
	of MOTHER alice German		SIDENCE (For Hosp	itals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsr		e ste yrs mos ds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not at place of dea	racted, th?	
	(Informant) alice Berman Mather)	Former or usual residence		
	(Address) n. Panh Road R.7 D. I.	19 PLACE OF BURIA	Cem.	May 5 1981
	Filed May 4 to 1923 4 Molomics Con a	20 NUN DERTAKER	500:41	ADDRESS
:	Registrar	16 W Savatora St	Balta Requesting V.	S No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; i fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Coale ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housenwid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter. Statement of Occupation-Precise statement of ocreport specifically the occupations of persons ento For many occupations a single word or term or or At Home, and children, especially in industrial employments, it is neces-Form loborer, know without more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Womnot gainfully em-(b) Grocery

Statement of Cause of Death—Name, first, the Discase CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "(E:haustion," "Heart tautue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," stated unless important. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, corbolic ocid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease Example: Measles (disease etc. The Nomenclature contributory Measles;

"It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County () Sallimore	CERTIFICATE OF DEATH
1 0 f	Registration Dist. No.
Village or City celler for (No. 25ULL NAME Baby Full	St.: Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF REATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR BIVORCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 22 1931	5-22- 154 to 5-27- 192/
(Month) (Day) (Year)	that I last saw her alive on 5-26-, 102,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	
a) CCUPATION (a) Trade, profession or	Oganosis (primarine)
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
Which employed or (employer)	
9 BIRTHPLACE (State or country) / Mangland	Contributory Secondary (Dufation) As
10 NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	5-27-102/ (Address) Alexander (March 1997)
OF FATHER (State or country)	*Stale the Ilisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BESTALE INT. KING IN THE	Former or
(Informant) Samuel Smoth	usual residence
E + mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) BCKLS AN AM	Carrous orapul may 28, 19.3
Filed May 28 1931 & E Wilhals Registrar	1 + Colys Rentumber
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Stationary fireman, etc. But in many single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DIS, EASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accept of term for the same disease. Examples: Cercbrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Capproved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. belowers) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart discase; etc. The contributory

If his certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

- B .-

1PLACE OF DEATH	STATE OF MARYLAND
County Baltures	CERTIFICATE OF DEATH
	Registration Dist. No. 90
Village or City Patounelle (No. Ofil-	Hove St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Isoclore Safers	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED CLASSICAL (Write the word)	(Morth) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw han alive on hand 3 , 1923,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer)	Cerebral Herrorchage Duration) 2 vio. mos. de.
9 BIRTHPLACE (State or country) Russian	Contributory Secondary (Duration)
10 NAME OF FATHER MINIS STRUCTURE O) 11 BIRTHPLACE	(Signed) Marshall Burst M. D. May 5 1923/ (Address) Calourulle has
C (State or country)	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death
(Informant)	Former or usual residence
(Address) 700 Stury Care X 4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Abrew May 9, 19.31
Filed 5/5 198/ Sheet Registrar	20 UNDERTAKER ADDRESS /12 0 4
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and Civil engineer, Stationary froman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 also (b) the The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE ("VUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, stated unless important. Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the class is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.		
Village or City Patapsco Neck (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male white Single, widowed widowed. Single, widowed widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH May 5 , 19231 (Month) (Day) (Year)		
March 19 , [1852 (Month) (Day) (Year)	that I last saw h in alive on Muy 4 5 1921.		
7 AGE If LESS than I dayhrs. 15_ds. ormin.?	and that death occurred on the date stated above, at		
(a) Trade, profession or particular kind of work Farmer (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Milias Disofficinery		
Patapsco Neck. Md. Patapsco Neck. Md. 10 NAME OF FATHER Darius Stansbury 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed) (Duration) (Duration) (Signed) (Signed) (Duration) (Duration) (Signed) (Duration) (Duration) (Signed) (Signed) (Duration) (Duration) (Signed) (Signed) (Signed) (Duration) (Signed) (Signed) (Duration) (Duration) (Signed) (Duration) (Signed) (Duration) (Duration) (Signed) (Duration) (Duration) (Signed) (M. D. Signed) (Duration) (M. D. Signed) (Signed) (S		
of Mother Mary S.Stansbury 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs		
(Informant) Mr. Charles Stansbury	former or usual residence		
(Address) Dundalk P.O. Md.	Druid aidge Cemetery May 7, 19 31 20 Jules Aker And Luc 424 N broadway		

if more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborer—Coat many laborer, Farm laborer, Laborer—Coat many laborer at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer whatever, write None. Housemaid, etc. If the occupation has been change For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) For persons who have no occupation Grocery;

Strtement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause Causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Resommendations on statement of cause of death telahus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, corbalic and-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) for which surgical operation was under-Chronic Example: Measles (disease affection need etc. volvular heart Nomenclature of the The contributory not be discose;

this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	Jo	plu)CC	
	teni	sho) J	
	y	20	it o	/
	Eve	IA	mer	/
	9	SIC	Tart.	
	COR	H	cts	
	REC	Γ.	Exa	
	岩	LY		
Z/	NE	LO	ified	
J.	MA	V	lass	
BIL	ER	E	y	te.
)R	IV	ted	per	ifica
FC	IS	sta	pro	cert
ED	HIS	be	pe	Jo.
RV]	T	pluc	may	ack
SE	NK	she	it	100
MARGIN RESERVED FOR BINDING	5	GE	that	Suc
Z	DIN		80	action
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	TH	lly :	lair	Š
	M	n.je	in	ant.
4	LY,	cal	THE	port
	VIN	l be	DEA	im
	PL	oulc)FI	TION is very important. See instructions on hack of certificate.
	TE	n sh	E (is
	VRI	ation	AUS	NO
-	1	2	C	

20, FILED may 12, 1931

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05638		
1. PLACE OF DEATH	#6		
County Baltimore	Registration Dist. No. 44		
/ Village or City Bengies	No. St, Ward		
./_	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?		
	ds. How long in U.S. it of foreign birth?yrsmosds.		
2. FULL NAME It cloon toronse	nd Llevens		
(a) Residence: No. Castern Cm. 14d. Ser	Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH		
male shlute OR DIVORCED (write the word)	May 9 193/		
5a. If merried, widowed or divorced HUSBAND of Sarah a. & Ot.	(Monyfi) (Day) (Year)		
HUSBAND of Sarah a. Stevens	22. I HEREBY CERTIFY, That I atlended deceased from		
agree 1 1851	Jul , 1980 , to May 9 , 1981		
6. DATE OF BIRTH (month, day, end year) aug, 30th 1854	I last saw harman alive on 1997 ; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
76 8 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER,	for the may		
SAWYER, BOOKKEEPER, etc.	Carcinoma 9 Albrusel 1730		
SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)			
10. Date deceased last worked at 11. Total time (years)			
this occupation (month and spant in this occupation			
12. BIRTHPLACE (city or town) Balts. Co.	Other Coutributory Causes of importance:		
(State or country)			
13. NAME Hileon We aly Stevens			
13. NAME Hilem Wealy Stevens 14. BIRTHPLACE (city or town) Balto.	Name of operation Date of		
(State or country) md.	What test confirmed diagnosis? Ching Col. Jun Was there an autopsy? (40)		
15. MAIDEN NAME Louisiana J. Townsend	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME Louisiana J. Townsend 16. BIRTHPLACE (city or town) Balto:	Accident, sulcide, or homicide?		
State or country)	Where did injury occur?		
17. INFORMANT Georg J. Stevens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) 4004 Garrison ave.			
Place Orems Com. Date 5/12/ 1931	Manner of injury		
1116 00	Nature of injury		
19. UNDERTAKER John G. Connelly	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Cessex 2nd.	If so, specify		

Registrar/

(Signed).

(Address) -----

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I EIVED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis JUN 5 1931	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Transport of the Control of the Cont			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, hame earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I			Example II		
The principal cause of importance were a	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 4 1921	1915	Attack of epilepsy	1 week ago	
Chronic interstitiol nepl	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V 8	July 5, 1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County Dallo	(61-d) CERTIFICATE OF DEATH
11/2/	Registration Dist. No. 83
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME (Salry Soy)	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make White Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 1923 (Month) (Day) (Year)
6 DATE OF BIRTH May 3, 193/ (Month) (Day) (Year)	that I last saw h/M alive on 5 192/, 192/
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atA_m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Dynoris
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Mary Cand	Contributory Secondary (Duration) yrs
10 NAME OF Walliam Garroll Sull	(Signed) M. D. (Address) Rushle is lown mo
OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sesse Janie Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Many land	At place of death yrs mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Wm - 6. Bullywarm	usual residence
(Address) Glynden And	A Adus Cemely May 19 3.
15 Filed Way 16, 1931. H. III. Slade	LE Chie Rustenson MG
If more blanks are needed, address tate Registra	v. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, etc., or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as For persons who have no occupation (b) Automobile factory. The materia single word or term on 6 Grocery; Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-[ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL perilonitis, stated unless important. approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1			,	13041			
	ACE OF DEATH				STATE (OF MARYL	AND
County	Baltimore	20 to 0 to		(2,3)	CERTIFIC	ATE OF D	EATH
		Mt.	Wilson	Branch, Md.	Registra	ation Dist. No.	32
37:11	City Mt. Wilson	Tube (No.	rculosi	s Sanatoriu	m.		
Village or	· City	(No			St.:	Ward) (If deat	al or inst
	2FULL NAME Fran	ces Sunda	le			stead o	of street

	RSONAL AND STATIST		LARS	MEDIC	CAL CERTIFICA	ATE OF DEAT	Н
3 SEX	4 COLOR OR RACE	SINGLE, MARRIED, WIDOWED,	ingle	16 DATE OF DEATH	Mav	23rd,	1031
Femal	e White	OR DIVORCED (Write the word)		***************************************	(Month		
6 DATE O	F BIRTH				Y CERTIFY, That		
	App	il 15th,	1909	June 18t	h, 1930. to	May 23r	d., 193
	(Month		(Year)	that I last saw he I	alive on	May 23r	d , 193
7 AGE			If LESS than	and that death occu	rred on the date	stated above, at	4.10 P
	99 1	0,	I day hrs.	The CAUSE OF DEA			
8 OCCUPA	22 yrs. 1	mos. Q ds.	or min.?	Pulmonary	Tubonaul	Ogia	
(a) Trad	e, profession or House	ework at h	ome	ruimonary	Idoelear	.0313.	
	r kind of work		only.				
business,	or establishment in				(Durstion)	3 yre. ?	mos?
_	nployed or (employer)		000000000000000000000000000000000000000	Contributory	None		·····
9 BIRTHPL (State	or country) Ohio			Secondary	2 -10 0	2 0	
	ME OF			(comp) Fold		141/4	
FAT	HER William Sur	ndale		May 23rd, 192		Wilgon	M.
(1)	II BIRTHPLACE OF FATHER					-	
(State or country)		Violent Causes, s	tate (1) Means	of Injury and	(2) Whether		
12 MA	IDEN NAME MOTHER	?		Accidental, Suicidal		Hospitals, Instit	utions. Tre
0.	THPLACE			ients or Recent R			
OF	MOTHER	?		At place O yrs. 11	nos. 5ds.	In the State 9 yrs.	11mos. ?
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease con if not at place of des	tracted, Unkr			
			Former or usual residence 625		Ave. B	alto	
(Informant) Louis R. Schuerholy		usual residence			OF BURIAL		
	Address) Mount Wil		land.	11 (8)	(0	1	_
				10 UNDERTAKE	dras	ADDRES	
Filed /	my 23- 13/ 5	56 hich	als 1	JAM D	of h	7 11 7	1
			Registrar	11 10	1 /2/1	the Kan	47.
	lf more banks are	needed, eddress &	tate Registra	, 16 W. Saretoga St.,	Balto., Requestin	g V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile foctory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, stated unless important. Example: Measles (disease American Medical Association.) approved as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; or intercurrent) Chronic and consequences (e. g., sepsis ," "Coma," "Convulsions, valvular heart disease; affection etc. The contributory need " Shock, Measles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil ongineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. 6 yrs). For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. -Coal mine, etc. Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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answered in detail, it. in prevent the therespondence. All the data is essertiff and miss be bearined before the certificate is permanently filed.

RECEIVED.

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH BALTIMORE	15643 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 42
Village or City fielderwood (No. Loope)	Gove Muguesta College a hospital or institu-
2FULL NAME Saucell / 2	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male of title (Write the word) 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERZED (Write the word)	(Month) (Day) (Year)
Getiler 29- 1850	HEREBY CERTIFY, That I attended the deceased from 1931. to May 10 , 1931.
(Month) (Day) (Year)	that I last saw h Allalive on, 192,
7 AGE [IfLESS tha	
77 yrs. 6 mos. / Zds. or min.	
occupation (a) Trade, profession or particular kind of work	a state of the sta
(b) General nature of industry	•
business, or establishment in which employed or (employer)	(Duration) yrs. Tracs. de.
9 BIRTHPLACE (State or country) Ballinging Augustine	Contributory Secondary
10 NAME OF PATHER NEW THOMAS	(Signed Arad A M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANY Clans / M	B, LENGTH OF RESIDENCE (For Hospiteis, Institutions, Trens-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Mals & Jonam	Former or usual residence
(Address Hoofer 3- Terginia Pla	Inda Mule Center Mary J. 195/
15 Filed May 13 1931 Seff Mikely gare	S. Wifefurt-1300 Eutaw Clace
VIf more blanks are needed, address State Registr.	ar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm loborer, Laborer-Cool mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meringitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railmay troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ascertained as the cause. Always qualify all resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need not be valvular heort disease; Nomenclature

If this certificate is looked according and all questions answered in detail to will prevent further correspondence. All the data is essential and militale distance before the certificate is permanelly find.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on 9 Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept EARS CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

13

permanently filed.

Mata

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the tata is essential and must be obtained before the certificate is approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," stated unless important. earbofic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; 'Congenital,' "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valendar heart disease; Example: Measles (disease etc. The Nomenclature contributory Measles;

No. 1

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1	10	1
1	198	1

PLACE OF DEATH County Baltimore. Lounty

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City an 11 orton . Md. (No.

Ridge 3rd house at

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

2FULL NAME John Joseph Wernith

- INLDICAL C	EKIIFICATE	OF DEATH	
16 DATE OF DEATH	may 23	, 19 31	
17 A I HEREBY CER	TIFY, That a	ttended the deceased from 1931	om
The CAUSE OF DEATH	n the date state was as follows:	ed above, at	,m.
	10000000000000000000000000000000000000		
Contributory Secondary	(Duration)	Homarly L	do.
(Signed), 7/4/ 5/25 1923/ (Ad	Lolley	Jashalk	
*State the Disease Violent Causes, state (Accidental, Suicidal or Hor	Causing Death		+
18 LENGTH OF RESIDEN		itals, Institutions, Tra	ns-
At place of deathyrsmos	ds. In th	ateyrsmos	ds.
Where was disease contracted, if not at place of death?			
Former or usual residence			****
Destan Can 20 UN DERTAKER	netery.	5 - 27 , 19 3	1.

		o-construction and a second	***************************************
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE
	SEX 4 COLOR OR RACE	SSINGLE, MARRIED, Widowed WIDOWED, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH May 23 (Month) (Day
6	May 23,1	855 , 1, 1	17 apr 26 1931 to may 23
	76 yrs. 4 r	lf LESS the l day h	an and that death occurred on the date stated above,
1	(a) Trade, profession or particular kind of work Reti (b) General nature of industry business, or establishment in which employed or (employer)	red	(Duration) yrs
9	BIRTHPLACE (State or country) Baltimore	Ma	Contributory Secondary (Duration)
10 NAME OF FATHER 11 BIRTHPLACE JOSOph Worneth OF FATHER			(Signed) Halley 4 (Address) 4 (Address) State the Disease Causing Death, or, in
Z (State or country) Baltimore Md 12 MAIDEN NAME OF MOTHER Kath. E. Kohlhepp 13 BIRTHPLACE			Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Infents or Recent Residents)
4	OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST	O.Md.	At place of deathyrs
	(Informant) Grace E.Wer		Former or usual residence
15	Filed /26 192/ S	A Nite Registrar	20 UNDERTAKER Ruth Inc. 173
15	Filed 56 192/	A Registrar	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the dutics of the nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-LEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the same disease. Examples: Cerebrospikal fever (the only definite synonym is "Epidemic cerebrospikal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; approved by Committee on Nomenclature American Medical Association.) carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory valvular Always qualify all heart

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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VED	-THIS	terms

PLACE	OF	DEATH	
County	Bal	timore	

05646

STATE OF MARYLAND CERTIFICATE OF DEATH

Male White Widowed. OR DIVORCED (Write the word) August 24th, 1892 (Month) (Day) (Year)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased fr
August 24th, 1892 (Month) (Day) (Year) that I	last saw handlive on 1920, 192
7 AGE [If LESS than and the	
	at death occurred on the date stated above, at 4:30
	(Durstion) yrs mos tributory condary (Durstion) yrs mos mos
10 NAME OF Signed FATHER Frederick Wildberger	Genza Smg. M
II BIRTHPLACE OF FATHER (State or country) Baltimore, Md. Vio	*State the Disease Causing Death, or, in deaths from ent Causes, state (1) Means of Injury and (2) Whether idental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) New York.	s or Recent Residents)

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cattan mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nane. business, that fact may be indicated thus; Farmer (rer," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis af lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory volvular heart disease;

If this certificate is broked over boroughly and all questions answered in detail; it will provide buffue carrespondence. All the data is essential and must be obtained before the certificate is perman advanted.

RECEIVED

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer." "Foreman," "Manager," "Dealshould be used only when needed. As examples : a additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the the first line will be sufficient e.g., Farmer or Planter, nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, For many occupations a single word or term on yr.8). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation person, irrespective of Locomo'ive engineer, But in many

Statement of Cause of Death—Name, first, the discass Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection inges, perilonaeum, etc., Carcinoma, Narcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meakles; causing American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmeumonia (secondary) interstitial nephritis, etc. cough; Chronic valrular Always qualify all The contributory heart nced not discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A iche data is essent al and must be obtained before the certificate is permanently filed.

RECEIVED V. S. 1931 BURY S.2 1931

CORD MARGIN RESERVED FOR BINDING LI, WITH UNFADING INK--THIS IS A PERM WRITE PL.

V. S. Na. 1

se ac	PLACE OF DEATH	STATE OF MARYLAND
ΤÄ	County / Sallo	CERTIFICATE OF DEATH
≺, P	6 1 00	(3) Registration Dist. No. 35
CTL 388if	Village or City Freeland 1 17 kNo.	Sta: Ward) (If death occurred in a hospital or institu-
EXA	2FULL NAME Blanche Wildre	ed. Wirk tion, give its NAME in- stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st	Jewale White (Write the word)	16 DATE OF DEATH May 7, 1931 (Morth) (Day) (Year)
SE shoul	8 DATE OF BIRTH Nov. 7, 19/8 (Month) (Day) (Year)	that I last saw he Calive on 1921.
J. ACE so tha ruction	7 AGE IFLESS than	
plied	12 yrs. 6 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
sup n tel	n) Trade, profession or particular kind of work.	
olai	(b) General nature of industry	00 1 10
in l	business, or establishment in which employed or (employer)	(Durkion) Jrs. mood ds.
be car EATH impor	9 BIRTHPLACE (State or country) Rockeypullo Sud,	Contributory (Duration) yrs. mos. ds.
F Divery	10 NAME OF A Specier Huta	(Signed) M. D.
ISE C	OF FATHER (State or country) Suid.	*State the Disease Causing Death, or, in deaths from
CAL ATIO	12 MAIDEN NAME Chrabelle Thouse &	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
form tate	13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place In the
f in	(State or country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
shoul ent of	(Informant) Sherver Wird	if not at place of dea.h? Former or ususi residence
IANS tatem	(Address) Freeland, High R.B.	New redow. Og May 9. 1931
BA-EV	Filed May 8 198 Samuel & Millar Dep Registras	Harteustein Monemaker Ind Dies Lug
Z	If more hanks are needed addre a tate Registral	r. 16 W. Saratova St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, definite salary, may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enetc., first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm loborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Womduties of the (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EA COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronicetc. The contributory raturular Nomenclature of the Always qualify all heart disease; not be

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V. S. No. 1

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2 2 2 2 2 2	-Every Item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE CF DEATH In plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH County Of Beltimore		STATE OF MAI			
		1 + 9 5 + 5 May + + May 440	CERTIFICATE O	F DEATH	
				Registration Dist.	No.
Village or City Bay Side Md. (No			(No Wejciechowski	tio:	of death occurred hospital or institution, give its NAME is and of street as imber.)
			ICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 5	EX	4 COLOR OR RACE	5 SINGLE,	16 DATE OF DEATH	
Fo	male	White	MARRIED, WIDOWED, OR DIVORCED (Write the word Married	Theres (Month) 12 (193 1
	ATE OF BIR			I HEREBY CERTIFY, That I attende	d the deceased fr
		January 16		1 and The and	4 121 , 192
7 A	C.E.	(Month)	(Day) (Year)	that I last saw how alive on	F 15
/ A	92		I day hrs.		ve, at
	***	32 yrs. 3	mos. 26 ds. or min.?	Pelleronony 1	perfasul
8 OCCUPATION					
10	1 Trada nre	ofession or			
(a) Trade, pro articular kind	of work House	Wife		
(a pa (b	i) Trade, pro articular kind i) General na	ofession or House of work House of work House of industry stablishment in	Wife	(Duration)	mas
(a pa	n) Trade, pro articular kind n) General na usiness, or es	d of work House ture of industry	Wife	(Duration) yrs	deta-
(a pa	n) Trade, pro articular kind n) General na usiness, or es	d of work House sture of industry stablishment in ed or (employer)		Contributory Secondary	mos.
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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestie service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer whatever, write None. ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a: the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-6 Grocery; of the

Statement of Cause of Death—Name, first, the price of Cause of Death—Name, first, the price of the causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train atic), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; ncphritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Rockdale (No. 1	Registration Dist. No. Registration Dist. No. (If denth occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE SINGLE. MARRIED. Suight WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May 75 th, 1:31 Month) (Day) (Year)
6 DATE OF BIRTH Opril 44 , 1919 (Month) (Day) (Year)	that I last saw here alive on May 25, 1931.
7 AGE If LESS than I day hrs. ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Siletotion 4 hos
business, or establishment in Juhlis school which employed or (employer)	(Duration) yrg., mos.
9 BIRTHPLACE (State or country) thinare Mary and	Contributory Secondary (Duration) yis mos ds.
10 NAME OF Elwer J. Gingling	(Signed) J. Julier Kause M. D. Way 26 1931 (Address) 1901 Entque H.
OF FATHER (State or country) Sattlimore and	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Edith Lust	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Exchange (Address) Rockdage (Address)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 27, 1931
15 Filed 5/26/ 1923 / M. A. Broffer - Registras	HM Routson 2238
If more blanks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation Automobile factory. The materia single word or term on (b) Grocery, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Prery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDI WRITE PL.

V. S. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County Balls	CERTIFICATE OF DEATH
P. dollatonal	Registration Dist. No. 31
Village or City Managelle UNO.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME. WELLIAMO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Unite Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH May 15, 18 (Month) (Day) (Y	I HEREBY GERTIFY, That I attended the deceased from (5) (6
7 AGE 6 byrs. mos. 3 ds. or.	hrs. The CAUSE OF DEATH * war as follows:
e OCCUPATION (a) Trade, profession or Janitor	
(b) General nature of industry business, or establishment in which employed or (employer) Returned	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) (State or country) (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF Leter Ziefle	(Signed Flevill Heungeton M. D.
OF FATHER (State or country) Pol Renound	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs mes ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) J. W. Kalenkans	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Campfula a	20 UNDERTAKER 10/2 ADDRESS B
Registr	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, address State Ke	Stattat' to at outstade out matters tredenanced

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furnier (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Statement of Occupation-Precise statement of oe-Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia not gainfully em-(b) Grocery,

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebron ed term for the same disease. Examples: Cerebrospinat to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicacenta," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement State cause for which surgical operation was under "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomretanus) may be stated under the head of "contributory." "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular affection need not be etc. The contributory of cause of Always qualify all heart disease;

permianently filed answ data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and a l qu stions ered in detail, it will prevent further correspondence. Allthe

1931